Maryland's Results for Child Well-Being

Subcabinet for Children,
Youth and Families
2004

FROM

THE

GOVERNOR

Dear Citizens of Maryland,

I am grateful to the members of the Subcabinet for Children, Youth and Families for their diligent work and effort to improve the lives of Maryland's children and families. Government has a dual responsibility to its citizens. While we work to protect our most vulnerable citizens, we also need to enhance and advance the lives of our youth in a positive, pro-active manner to ensure they become fully engaged as physically and emotionally healthy adults and contributing members of our economy as well as our society.

It is clear that the enthusiasm and teamwork of the Subcabinet is changing the way families are viewed and served by our state and local agencies. The dedication of each Subcabinet member, and the hard work of every person in their individual departments, is evident as we see positive changes in the lives of many families. Some of these changes are reflected in the Results for Child Well-Being, some are just starting to make an impact. Our progress will continue as we implement the necessary safeguards for our families, and advance important early childhood initiatives.

We still have challenges to overcome, but together we will do the necessary work to make certain that Maryland's children have the tools they need to be fully prepared to carry out the work of the future.

Sincerely,
Robert L. Ehrlich, Jr.

Dear Governor and Citizens of Maryland:

Each of Maryland's eight results for child well-being is a lens focusing our attention on the vision that all children and their families will thrive. From "Babies Born Healthy" to "Children Completing School," the Subcabinet expects to have a positive, meaningful impact on the lives of Maryland's children and their families. In addition to its special emphasis on school readiness, the Subcabinet has extended its focus to youth development: examining and supporting positive developmental steps that youth can take to become fully contributing citizens of our great state.

This year has seen dramatic changes in the Subcabinet for Children, Youth and Families. As Chair of the Subcabinet, I have had the privilege of working with the Governor's Cabinet Members to promote coordination and seamless delivery of services to children and families, and to prevent duplication and gaps in services, so that every dollar spent is spent wisely and effectively. The Governor's Office for Children, Youth and Families has undergone a complete restructuring, creating teams that cross-train and work closely with each other to facilitate an efficient use of resources to achieve our core mission. The Local Management Boards have made great strides in serving children and families with a single point of entry in their communities.

All members of the Subcabinet have dedicated themselves to the Governor's mandate that we collaborate and work as one team for the benefit of Maryland's most vulnerable citizens. Collaboration, a word that means "to labor together," is not only our objective, it is basic to sound, effective government and necessary to achieve our common vision of dynamic change for the children and families of Maryland.

We have made significant progress in a short period of time, but there is more work to be done. This is a time of fiscal challenges. Together we can provide early childhood opportunities, make the future of Maryland's children safer and healthier, and prepare our youth to lead fulfilling adult lives.

Sincerely,
M. Teresa Garland

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The data in this report are gathered at the State and local levels but have a statewide focus for the purposes of this publication. Information about a specific local level indicator may be accessed at www.ocyf.state.md.us.

GUIDE TO

RESULTS

AND

INDICATORS

WHAT ARE RESULTS AND INDICATORS?

What is a result? A goal that Maryland has established for its children, families and/or communities.

Maryland has eight results: Each describes the general well-being of Maryland's children and families in an area we know affects a child's ability to grow up healthy and secure.

Babies Born
Healthy

Children
Completing
School

Healthy
Children

Children Safe in
Their Families &
Communities

Children Enter
School Ready
To Learn

Stable &
Economically
Independent
Families

Children
Successful
In School

Communities
That Support
Family Life

What is an indicator? Information that demonstrates Maryland's progress toward meeting a result.

USING MARYLAND'S RESULTS AND INDICATORS

The Subcabinet for Children, Youth and Families, in cooperation with local jurisdictions, strives to meet the needs of Maryland's children, families and communities. Through this collaborative approach, each jurisdiction identifies and focuses on results and indicators that are priorities in their community. The information in this publication assists in tracking and evaluating the well-being of children across the State and in each local area.

Indicators are used to:
♦ Assess and understand the current status of children and families and how trends emerge over time:
  - Examine data for population subgroups, such as race, sex, and age, to find major differences across the groups to ensure that all children and families do well.
  - Analyze trends to identify where results have been changing on a local level in ways that are different from state-wide trends. This assists local jurisdictions in targeting potential priority areas.
  - Provide parents and communities with information and resources they need to understand the status and trends concerning children in their communities.

♦ Select priority areas and set goals for the improvement of child and family well-being:
  - Use the indicators to identify troubling trends, to choose strategies to address the problem area, and to progress towards set goals.

- Compare and collaborate with similar jurisdictions to help identify potential strategies.
- Choose intervention strategies that will move the indicator. Use indicators as part of strategic planning.
- Help parents and communities to be better informed and become more involved in setting goals for improvement in their communities.

♦ Monitor progress toward goals in comparison with invested resources made in selected programs, services, and initiatives. Indicator data will help assess intervention strategies.

FOCUS ON YOUTH DEVELOPMENT

Four years ago the result area "Children Enter School Ready to Learn" became and continues to be a central focus of attention for the Subcabinet for Children, Youth and Families and for the Maryland Legislature's Joint Committee for Children, Youth and Families. A key indicator of school readiness (Kindergarten Assessment) has become available through the Maryland Model for School Readiness, and has been added to this result area. This has increased the State's ability to better assess the degree to which we are achieving this important result.

More recently, the Subcabinet for Children, Youth and Families created a time-limited workgroup, to examine possible indicators for the result area "Communities Which Support Family Life." This workgroup affirmed the conclusion reached in the first effort to develop statewide measures for this result area: each community has unique strengths, concerns and priorities and, therefore, indicators for this result area should remain locally determined.

This workgroup also considered possible indicators that could measure positive youth development. The interest in and the wide range of positive ways that school-age children and youth grow and develop have spurred the State to include youth development concepts in assessing how older children are faring. The youth development movement marks an innovation in the field of child and youth policy equivalent to the important contribution made by the school readiness movement in the field of early childhood care and development.

New to *Maryland's Results for Child Well-Being* this year is the inclusion of youth development in the discussion of a number of the current results and indicators, as applicable. Youth development focuses on supporting positive developmental processes that occur from about age 6 to the early 20's, as opposed to focusing on risk and problem behaviors. The Subcabinet agreed this emphasis should start with children at age 5, to create a seamless transition from early childcare and education. For simplicity, the age ranges were divided roughly by school stages: ages 6–10 (elementary school); ages 11–14 (middle school); and ages 15–19 (high school). The Subcabinet recognized that many older youth are not fully prepared for adulthood by age 18, and in the future may consider indicators up to age 24.

The goal of the youth development approach is to create an environment for youth to grow and mature to their fullest potential, targeting positive outcomes, using human and structural supports, and occurring in a variety of settings. Outcomes, supports and settings will differ over these two decades depending on the age of the youth and the developmental milestones they are working to achieve. Additionally, outcomes, supports and settings should include not only school time and academics, but also other activities that fully prepare youth for being an adult in the vocational, physical, emotional, social and civic realms. To ensure that no major areas of a young person's life were left out, the wide range of ways children and youth develop were organized into five overarching areas:

Self-Sufficiency — Promoting the basic skills and information needed to obtain and retain a job; promoting employment; and fostering participation in careers that allow one to give back to their community.

Learning — Promoting the basic and higher order skills needed to succeed in a job and/or four-year university; preventing school failure and dropout; facilitating school success and completion; and fostering participation in efforts to improve schools and community-based organizations.

Physical Health — Promoting health and fitness habits; preventing injury and death; and fostering participation in community health promotion events.

Mental Health and Social Competencies — Promoting the social and emotional skills, values and support systems needed to maintain a balanced personal life and family; preventing suicide, teen pregnancy, and alcohol and drug abuse; and fostering participation in peer groups and communities as a positive, supportive friend and neighbor.

Cultural and Civic Contributions — promoting the basic skills and information needed to participate in cultural and civic life; preventing crime and violence; and fostering participation in the community as voters, volunteers, artists, advocates, decision-makers and leaders.

DESCRIPTIVE GUIDE TO THE RESULTS AND INDICATORS

The information on each indicator is organized as follows:

Indicator
A brief description of the indicator.

Definition
A detailed description of the indicator.

Significance
A brief discussion of why this indicator is important and how it relates to child and family well-being.

Baseline Data
Where available, multi-year state and national data are shown.

Data Sources
The name of the agency that produces the data and a brief description of the breakdowns that are available (e.g. broken down by age, race, or gender).

Considerations
Special information about the source, the definition or the significance of the indicator that may be helpful when using the indicator to track trends or to set performance goals.

Related Measures
If they exist, other measures that relate to the indicator will be listed along with the source of data.

Discussion
A brief overview of the trend that exists for this indicator, factors that may be impacting the trend, and what is happening at the State level to address this indicator are discussed in this section. This section may include additional information on how the indicator relates to youth development.

A GUIDE TO STATISTICS

The following is a brief description of two key statistics used throughout this guide (percent and rate), a word of caution about their use in setting goals, and instructions on how to calculate the rate-of-change statistic in order to track trends.

Percent: Percent means per 100. For example, 15% means 15 out of 100, 75% means 75 out of 100.

> **Percent** = (Number in sub-group) ÷ (Number in whole group) x 100
> **Example: Percent of babies born at low birth weight (LBW), 2002**
> Percent = (Number LBW) ÷ (Total number of births) x 100
> = 6,623 ÷ 73,250 x 100
> = 9% of births in 2002 were less than 2,500 grams (5.5 pounds)

Rate: The easiest way to understand a rate is to think of a percent as a rate per 100. In the example above, 9% of babies born at low birth weight could also be expressed as "9 babies per 100" are born at low birth weight.

> **Rate** = (Number in sub-group) ÷ (Number in whole group) x MULTIPLIER
> **Example: Rate of youth (10-17) arrested for violent crimes per 100,000, 1998**
> Rate = (Number arrested) ÷ (Number of youth ages 10-17) x 100,000
> = 3,037 ÷ 567,678 x 100,000
> = 535 per 100,000 youth ages 10-17 were arrested for violent crimes in 1998

Rate of Change:

> It is helpful to see how an indicator has changed over time. The rate of change refers to the magnitude of the change from one time frame to another (e.g. from 1995 to 1998). Rate of change is expressed as a percentage. A positive percentage indicates an upward trend while a negative percentage denotes a downward trend.

> **Rate of Change** = {[(Recent year number) ÷ (Prior year number)] - 1} x 100
> **Example: Rate of change in the rate of out-of-home placement, FY98 to FY99**
> Rate of Change = {[(FY99 rate of placement) ÷ (FY98 rate of placement)] - 1} x 100
> = {[11.2 ÷ 12.1] - 1} x 100
> = -7.4% is the rate of change in the rate of placement from FY98 to FY99.

Be Careful When Using Percentages or Rates to Set Goals:
Caution is necessary when using percentages and rates to set performance goals. If the item to be measured has less than 10 occurrences (e.g. Infant mortality in a given zip code area for a given year) then a percentage or rate should not be produced. One or both of the following methods can be employed to create a more stable percentage or rate:

- Multi-year averaging, which involves using a longer time period to produce the rate (e.g., Use 3 or 5 years data); or
- Enlarging the geographic area, (e.g., use a region containing several zip codes).

Both of these methods increase the number of observed events and hence the stability of percentages or rates being produced to set goals.

METHODOLOGY FOR STATE MAPS

Included in the report are statewide composite maps for each Result area. These maps offer a visual representation of each county's efforts. For each result area, with the exception of Communities Which Support Family Life, a map illustrates each jurisdiction's standing in Maryland. A jurisdiction's standing is determined by the sum of the jurisdiction's ranking on each of the indicators in that Result area (e.g., for Babies Born Healthy, the sum of a jurisdiction's rankings on Infant Mortality, Low Birth Weight, and Births to Adolescents). The maps illustrate five levels of State standing in sequential order from highest/best (1) to lowest/worst (24). Indicators without jurisdictional data are excluded from the Maryland maps. The indicators containing jurisdictional data used for each Maryland Map are listed below:

Babies Born Healthy
Infant Mortality
Low Birth Weight
Births to Adolescents

Children Enter School
Ready to Learn
Kindergarten Assessment

Children Successful in School
Absence from School
Academic Performance
Demonstrated Basic Skills

Children Safe in their Families
and Communities
Abuse or Neglect
Deaths Due to Injury
Juvenile Violent Offense Arrests
Juvenile Non-Violent Offense Arrests

Healthy Children
Injuries
Deaths
Substance Abuse

Children Completing School
Dropout Rate
High School Program Completion
High School Diploma

Stable and Economically Self-Sufficient
Families
Child Poverty
Single Parent Households
Out-of-Home Placements
Permanent Placements
Homeless Adults and Children

Two improvements in the Maryland Maps are made in this year's report:

- Children Successful in School: The Academic Performance indicator has shifted from the Maryland School Performance Assessment Program (MSPAP) to the new Maryland School Assessment (MSA).

- Children Safe in their Families and Communities: Starting this year, the map excludes the indicator Domestic Violence. Domestic Violence is a critical indicator of family well-being. The measure for this indicator, the rate of victims receiving domestic services from programs funded by the Maryland Department of Human Resources, provides incomplete information regarding the actual incidence of domestic violence in Maryland. In the interest of providing a more accurate picture of Children Safe in Their Families and Communities, this indicator has been removed.

Result Area: Babies Born Healthy in Maryland

State Standing

- 1 - 4 (Highest/Best)
- 5 - 9
- 10 - 14
- 15 - 19
- 20 - 24 (Lowest/Worst)

Indicators Used (See Methodology for State Maps)

Infant Mortality (8.0 per 1,000 live births: 1998-2002-MD)
Low Birth Weight Babies (9.0% live births: 2002-MD)
Teen Births ages 15-19 (37.8 per 1,000 teens: 2001-MD)

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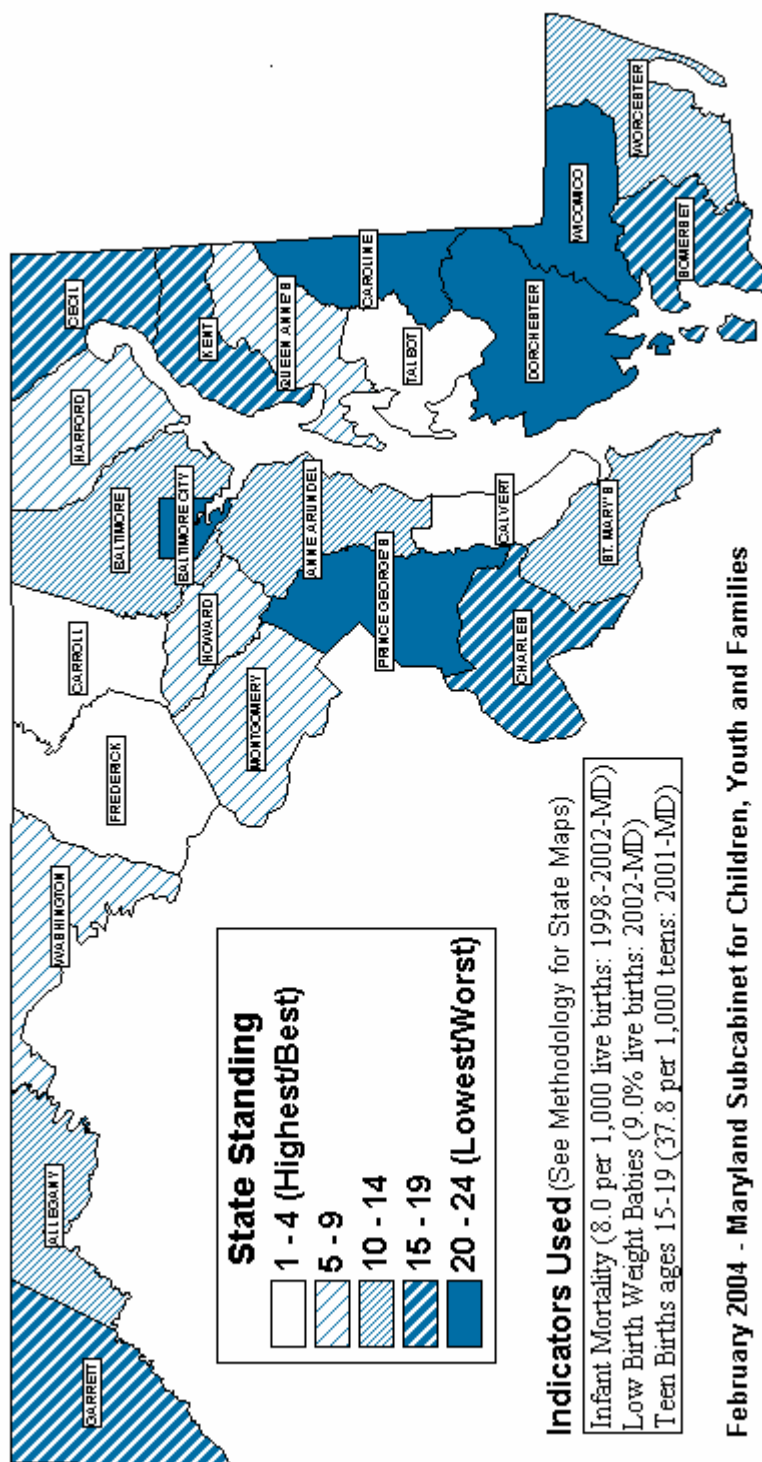
BABIES

BORN

HEALTHY

BABIES BORN HEALTHY
INDICATORS:

INFANT MORTALITY: The rate of deaths occurring to infants under 1 year of age per 1,000 live births.

LOW BIRTH WEIGHT: The percent of babies born at low birth weight, weighing less than 2,500 grams (about 5.5 pounds) and very low birth weight, weighing less than 1,500 grams (about 3.3 pounds).

BIRTHS TO ADOLESCENTS: The rate of births to adolescents less than 20 years of age.

INFANT MORTALITY

Indicator	The rate of deaths occurring to infants under 1 year of age.
Definition	The rate (per 1,000 live births) of all births, births in various racial/ethnic groups, and births to mothers in various age groups who do not survive beyond year one.
Significance	Indicator associated with family access to health care and prenatal, family, and environmental risks to a child's healthy start.
Baseline Data	**INFANT MORTALITY** (reported by calendar year)

Infant deaths per 1,000 live births

Maryland	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
All Races	9.1	9.8	9.8	8.8	8.7	8.4	8.6	8.6	8.3	7.4	8.0	7.6
White	6.7	6.7	6.1	6.0	6.0	5.9	5.3	5.5	5.1	4.7	5.5	5.4
African Am	14.3	16.9	17.5	15.2	15.3	14.5	16.1	15.4	14.7	13.0	13.6	12.7

National	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
All Races	8.6	8.5	8.4	8.0	7.6	7.3	7.2	7.2	7.1	6.9	6.8	NA
White	7.0	6.9	6.8	6.6	6.3	6.1	6.0	6.0	5.8	5.7	5.7	NA
African Am	16.6	16.8	16.5	15.8	15.1	14.7	14.2	14.3	14.6	14.1	14.0	NA

Data Sources	Maryland - Vital Statistics Administration, Department of Health and Mental Hygiene (DHMH). Data are reported by jurisdiction. National - National Center for Health Statistics, Centers for Disease Control.
Considerations	National comparisons as well as national and State trend data are available. If mortality rates are tracked in small jurisdictions, multi-year averaging may be necessary.
Related Measures	A "service delivery/utilization" indicator that is often used as a proxy for results in this area is percent of births for which prenatal care was initiated in the first trimester (for all births, for various racial/ethnic groups, for various age groups). Data are reported by Vital Statistics, DHMH, by race and by jurisdiction.
Discussion	The infant mortality rate in Maryland decreased in 2002 to 7.6 per 1,000 live births from 8.0 in 2001, just slightly above the record low of 7.4 per 1,000 live births achieved in 2000. The decrease occurred for both Whites and African Americans and represents a 5.2 percent decrease, which was not statistically significant. The African American mortality rate decreased more than the White rate resulting in a narrowed gap between the infant mortality rates for the two groups. However, African American infants continue to be 2.4 times more likely to die than White infants.

The leading causes of infant death in 2002, as in 2001, were: (1) Disorders relating to short gestation and unspecified low birth weight; (2) Congenital malformations, deformations and chromosomal abnormalities; and (3) Sudden Infant Death Syndrome (SIDS). Rates for all three causes were higher for African Americans than Whites. However, the leading causes of death for White infants were congenital malformations, deformations and chromosomal abnormalities, while the leading cause of death for African American infants were disorders relating to short gestation and unspecified low birth weight.

The overall infant mortality rate in Maryland continues to be higher than the national rate. However, White infant mortality rates are lower in Maryland than in the United States, while rates for African Americans are higher.

Infant Mortality Rates Maryland and National 1991 to 2002*

* 2001 and 2002 National data not available

Infant Mortality Rates Maryland and National by Race 1991 to 2002*
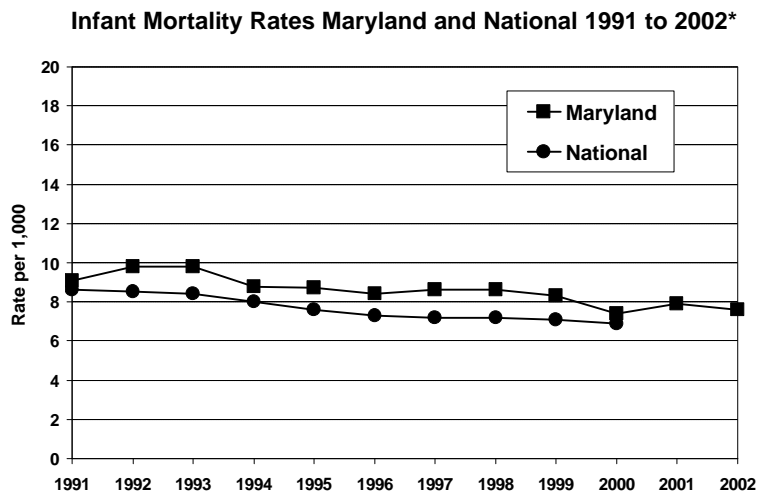
* 2001 and 2002 National data not available

LOW BIRTH WEIGHT

Indicator

The percentage of babies born at low birth weight, weighing less than 2,500 grams (about 5.5 pounds) and very low birth weight, weighing less than 1,500 grams (about 3.3 pounds).

Definition

The percent of all births, births in various racial and ethnic groups, and births to mothers in various age groups with birth weights less than 2,500 grams and less than 1,500 grams.

Significance

Infant birth weight is associated with infant survival, health, and overall development. Infants weighing less than 2,500 grams are more likely to have physical and developmental problems, including mental retardation, developmental delays, visual and hearing deficits, chronic respiratory problems, and learning difficulties.

Baseline Data

LOW BIRTH WEIGHT (reported by calendar year)

Births less than 2,500 grams per 100 live births

Maryland	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
All Races	8.1	8.3	8.4	8.4	8.5	8.6	8.8	8.7	9.1	8.7	9.0	9.0
White	5.6	5.7	5.8	6.2	6.2	6.3	6.3	6.4	6.7	6.4	7.0	7.0
African Am	13.3	13.8	13.5	13.1	13.5	13.4	13.7	13.1	13.7	12.9	13.0	13.3

National	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
All Races	7.1	7.1	7.2	7.3	7.3	7.4	7.5	7.6	7.6	7.6	7.7	7.8
White	5.7	5.7	6.0	6.1	6.2	6.3	6.5	6.5	6.6	6.5	6.7	6.8
African Am	13.6	13.4	13.4	13.3	13.2	13.0	13.0	13.0	13.1	13.0	13.0	13.3

Data Sources

Maryland - Vital Statistics Administration, Department of Health and Mental Hygiene. Data are available, but not published, on the number of low and very low birth weight babies by both maternal age and race. Data are also available by low and very low birth weight and by race for jurisdictions. National - National Center for Health Statistics, Centers for Disease Control.

Considerations

This indicator supports both a national and State health goal. The Healthy People 2010 organization has set a national goal of 95 percent of infants to be born weighing 5.5 pounds or greater by the year 2010. At the state level, Healthy Maryland 2010 has set a goal to reduce the incidence of low birth weight to no more than 8% by the year 2010. National comparisons as well as national and State trend data are available.

Related Measures

A "service delivery/utilization" indicator that is often used as a proxy for results in this area is percent of births for which prenatal care was initiated in the first trimester (for all births, for various racial/ethnic groups, for various age groups). Data are reported by Vital Statistics, DHMH, by race and by jurisdiction.
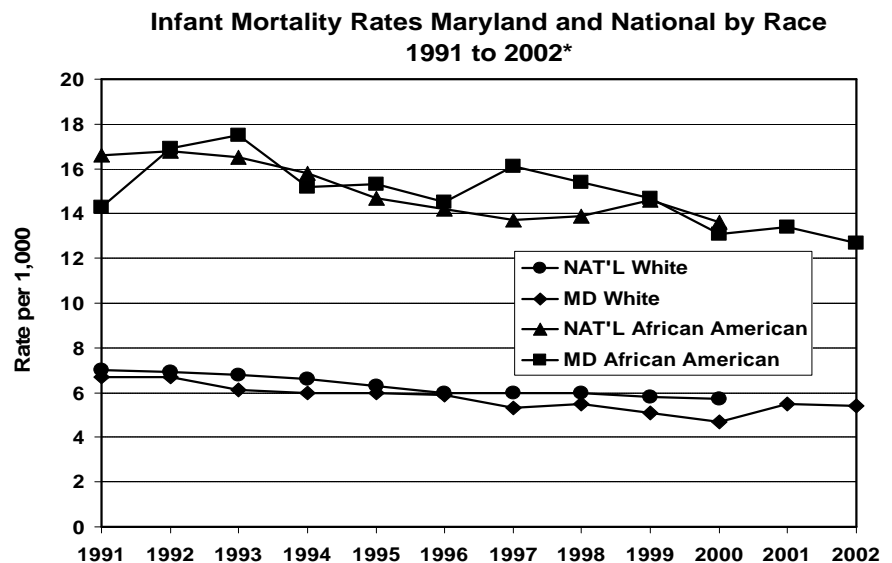
Discussion

Low birth weight (LBW) is the primary cause of infant mortality. In addition, LBW infants have a higher probability of experiencing developmental delays. LBW ba-

bies may be born either prematurely (before 37 weeks gestation) or full term (40 weeks gestation), but small for gestational age. Infants of multiple births (twins, triplets or higher order) have a significantly higher risk of being born LBW than singletons.

The percent of LBW infants born in Maryland continues to be slightly higher than the national average. The percent of LBW infants was the same for 2002 as for 2001. However, the LBW rate for White infants decreased slightly while the African-American rate increased slightly. In general, trends show that the percentage of LBW births is slowly increasing in Maryland and nationally.

One factor that may cause this increase is the number of twins and higher order births. In a study using data from 1995 to 1997, Maryland was among 10 states with the highest rate of twin and higher order births. In 2001, almost 56.7% of plural births were LBW compared to 7.2% of singleton births.

Percent of Low Birth Weight Babies
Maryland and National 1991 to 2002*

* 2002 National data not available

Percent of Low Birth Weight Babies Maryland and National
by Race 1991 to 2002*

*2002 National data not available
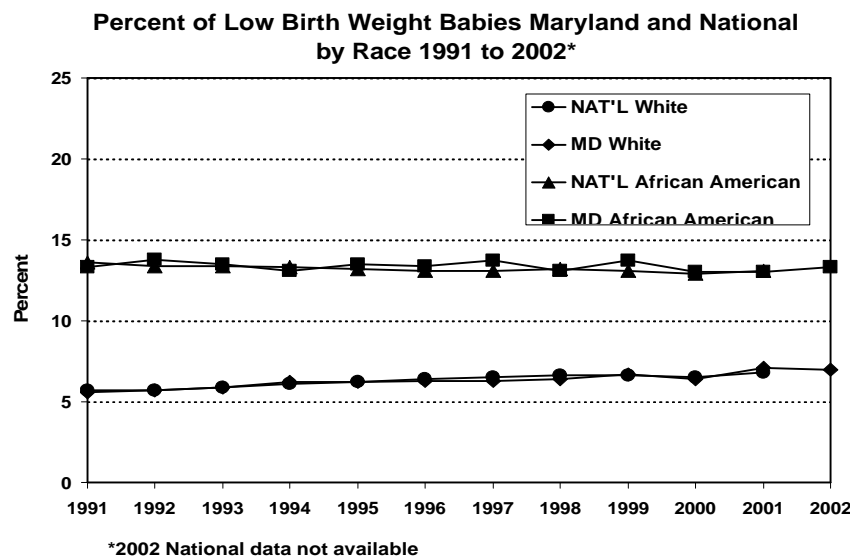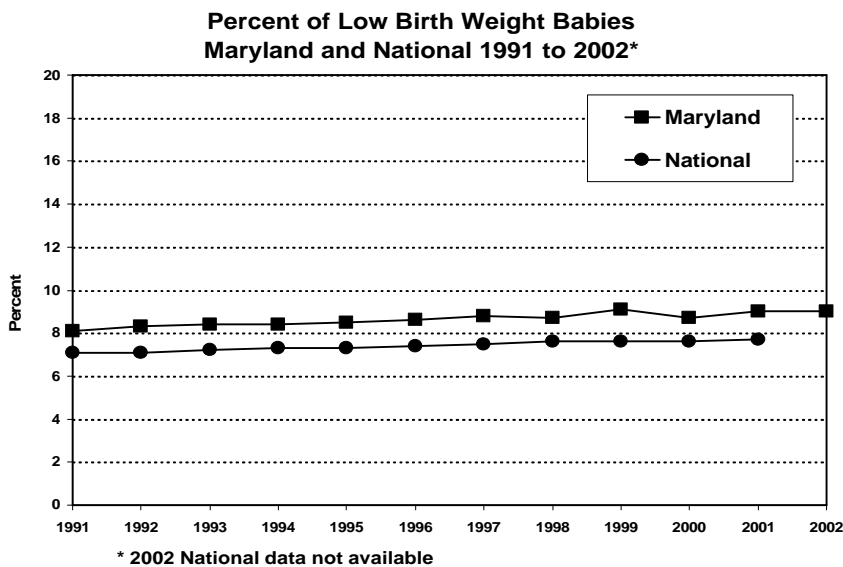
BIRTHS TO ADOLESCENTS

Indicator	The rate of births to adolescents less than 20 years old.

Definition	The rate of births (per 1,000) for adolescents less than 15 years (10-14 year olds) and for adolescents between the ages of 15 and 17, as well as those between the ages of 15 and 19, adolescents in various racial/ethnic groups, and adolescents in various age groups.

Significance	Adolescent mothers are more likely to drop out of high school, experience unemployment, or, if employed, earn lower wages than women who begin childbearing after age 20. Children born to teen mothers face increased risks of low birth weight, developmental problems, and poverty.

Baseline Data	**BIRTHS TO ADOLESCENTS** (reported by calendar year)

Total live births per 1,000 women

Age 10-14	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Maryland	1.7	1.5	1.5	1.6	1.3	1.3	1.2	1.1	0.9	0.9	0.8	0.7
National	1.4	1.4	1.4	1.4	1.3	1.2	1.1	1.0	0.9	0.9	0.8	NA

Age 15-17	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Maryland	35.0	32.9	33.0	31.7	32.0	29.0	28.2	26.4	25.1	23.3	20.9	19.9
National	38.7	37.8	37.8	37.6	36.0	33.8	32.1	30.4	28.7	27.5	24.7	NA

Age 15-19	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Maryland	54.1	50.7	48.7	48.4	47.7	46.0	43.9	42.8	42.5	41.2	37.8	35.4
National	62.1	60.7	59.6	58.9	56.8	54.4	52.3	51.1	49.6	48.7	45.3	NA

Data Sources	Maryland - Vital Statistics, Department of Health and Mental Hygiene. These data are published by jurisdiction for larger age categories. National - Federal Interagency Forum on Child and Family Statistics http://childstats.gov. U.S. Census Bureau population estimates were used to calculate the 15-17 birth rate for 2001; and the 10-14, 15-17, and 15-19 birth rates for 2002. As Maryland Vital Statistics makes these population estimates available, these birth rate figures will be updated.

Related Measures	National comparisons and state trend data are available. Since pregnancies before age 15 are more rare, to include these data in one overall rate would reduce the rate and mask its significance. In some communities, however, the < 15 rate is growing and deserves separate examination.

Discussion	Data for 2002 show that Maryland's adolescent birth rates for all age groups continue to decrease. The birth rate for 15-19 year olds dropped for the eleventh year in a row with a decline of 34.6% since 1991. Similarly, the birth rate for 10-14 year olds decreased 58.8% over the same time period. The national trend for all age groups was also downward. Based on 2000 data, Maryland's 15-17 teen birth rate ranked 23rd nationally.

Maryland has used a multifaceted approach to prevent teen pregnancy including: health education and counseling (abstinence, reproductive physiology, STD prevention - for both girls and boys), access to health care, outreach, and media. Promoting social and emotional skills, and working with families and communities to create support systems needed to maintain a balanced personal life also help youth avoid teen pregnancy.

Teen Birth Rates Ages 15 to 19 Maryland and National 1991 to 2002*

* National 2002 data not available.

Teen Birth Rates Ages 15 to 17 Maryland and National 1991 to 2002*

* National 2002 data not available

Teen Birth Rates Ages 10 to 14 Maryland and National 1991 to 2002*

* Maryland births age <15; National 2002 data not available
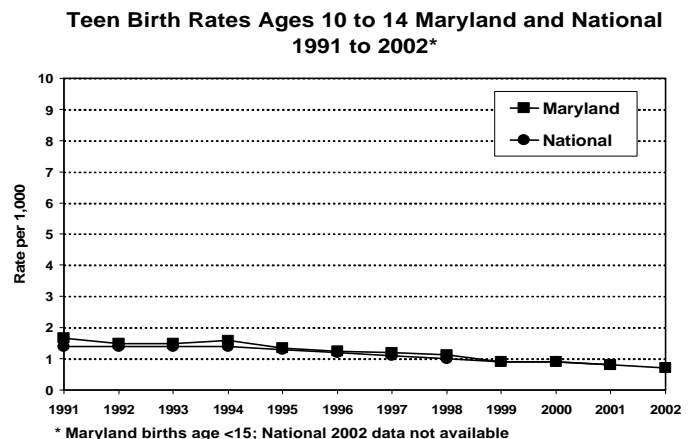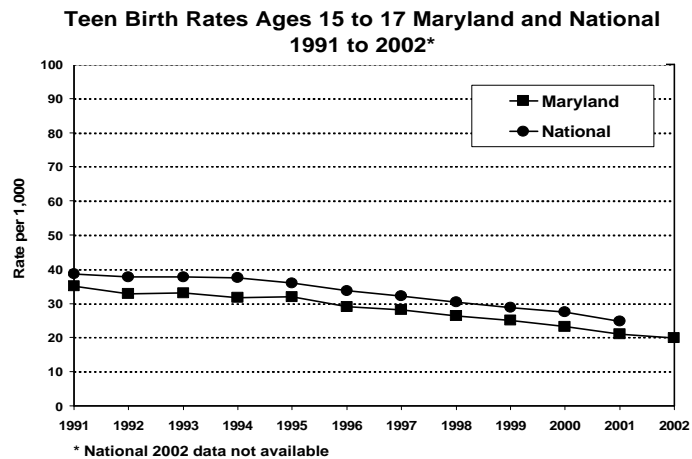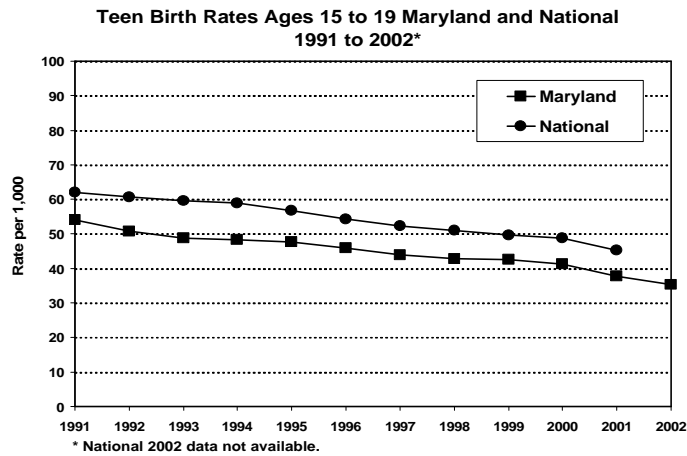
Result Area: Healthy Children in Maryland

State Standing
- 1 - 4 (Highest/Best)
- 5 - 9
- 10 - 14
- 15 - 19
- 20 - 24 (Lowest/Worst)

Indicators Used (See Methodology for State Maps)

Child Injuries (Unintentional Events-3.8, Assaults-0.3,
Self-inflicted Injuries-0.3, per 1,000 children: 2001-MD)
Child Deaths (34.6 per 100,000 children: 2001-MD)
Substance Abuse (8th Graders: Cigarettes-6.6%,
Alcohol-16.4%, Marijuana-6.9%: 2002-MD)
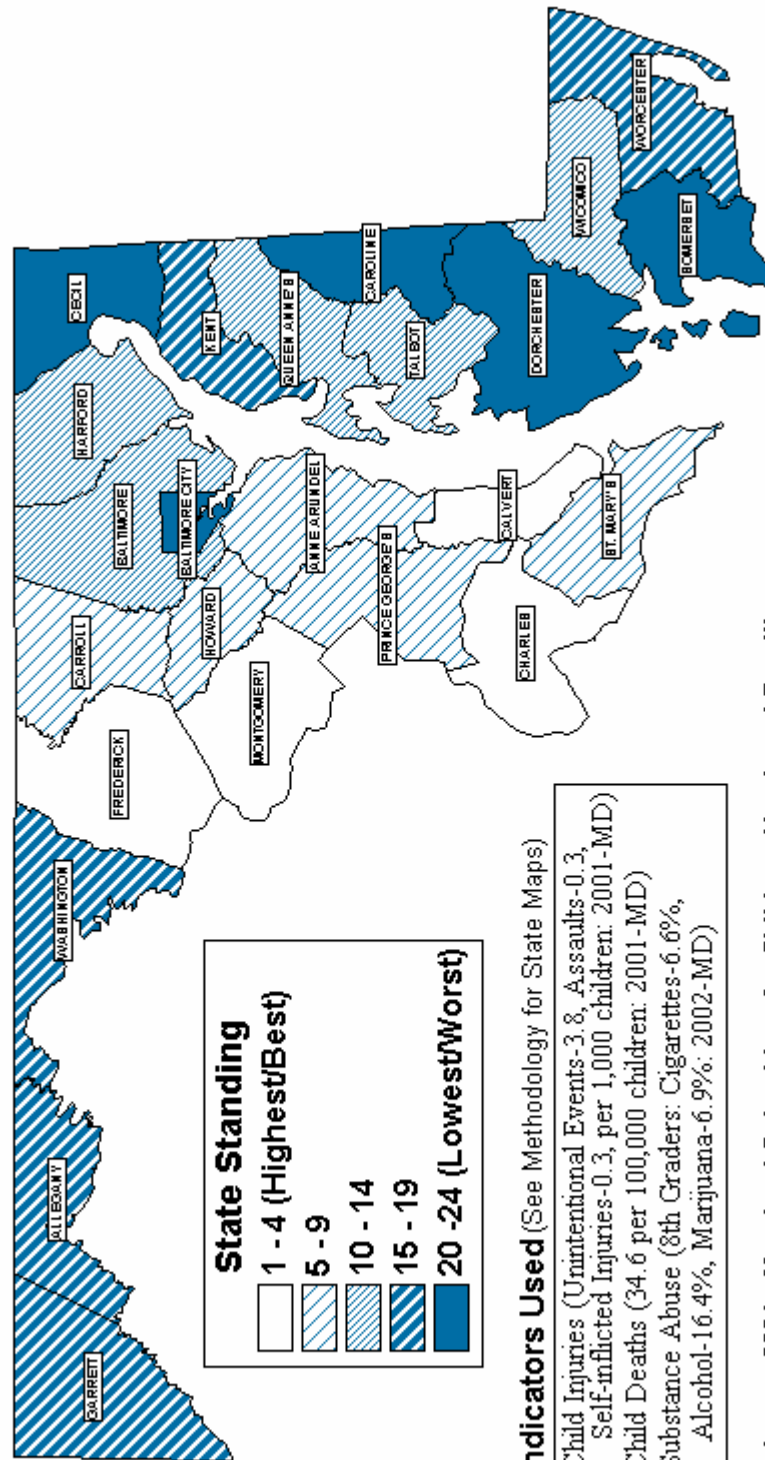
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HEALTHY

CHILDREN

HEALTHY CHILDREN
INDICATORS:

IMMUNIZATIONS: The percent of children fully immu-
nized by age two.

INJURIES: The rate of child injuries that require hospitali-
zation.

DEATHS: The rate of child fatalities among children one
year of age and older.

SUBSTANCE ABUSE: The percentage of public school
students who report using alcohol, tobacco or other drugs.

IMMUNIZATIONS

Indicator

The percent of children fully immunized by age two.

Definition

The percent of children 19-35 months of age who have received the full schedule of appropriate immunizations against diphtheria, tetanus, pertussis, measles, mumps, rubella and polio. Haemophilus influenza type B (HIB), hepatitis B, and chicken pox vaccines are also part of the basic immunization series, but coverage with these vaccines is measured separately by the National Immunization Survey.

Significance

The immunization status of young children is an almost perfect predictor of avoidance of death, disability, or developmental delays associated with immunization-preventable diseases.

Baseline Data

IMMUNIZATION COVERAGE AT AGE 2 (reported by survey year)

Percent of children immunized by age 2									
	1994	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**	**2001**	**2002**
Maryland	79%	81%	80%	82%	79%	81%	80%	80%	82%
National	75%	76%	78%	78%	79%	80%	81%	79%	79%

Data Sources

The National Immunization Survey (NIS), which is sponsored by the Centers for Disease Control and Prevention (CDC), provides state estimates of vaccination coverage levels among children aged 19-35 months. Households in all 50 states, the District of Columbia, and 27 urban areas are interviewed quarterly. In addition, pediatricians, family physicians, and other health care providers are also surveyed.

Considerations

As vaccines are introduced, immunization rates on these vaccines may need to be included, such as the HIB vaccine. Data are not yet available by jurisdiction. Maryland is developing an Immunization Registry that will track current immunization status of all children up to age 18.

Related Measures

In addition, the Maryland recommended schedule for immunization changes occasionally. To see the current recommended schedule go to http://www.edcp.org and click "immunization."

Discussion

According to national statistics, the percentage of children ages 19-35 months that were fully immunized in Maryland in 2002 stood at 82%, compared to a national average of 79%. Since 1994 the total percentage of child immunizations in Maryland has ranged between 79% and 82% and equaled or exceeded the national average in all but one year (2000). Both the national (Healthy People 2010) and state (Maryland Health Improvement Plan) goal is for 90% of children age two and under to be up to date in their immunization series.

Immunizations protect children from diseases that include, but are not limited to, measles, mumps, rubella (German measles), diphtheria, tetanus, pertussis (Whooping cough), polio, Haemophilus influenzae type b (HIB), varicella (Chicken pox), hepatitis B, and pneomococcal disease. They continue to be very important; current low rates of disease are due to the high rates of immunizations over the past decades. Each year the recommended childhood immunization schedule is reviewed and updated by the Centers for Disease Control's Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians, (AAFP) and the American Academy of Pediatrics (AAP).

The Percent of Children Ages 19-35 Months Fully Immunized Maryland and National, Survey Years 1994 to 2002
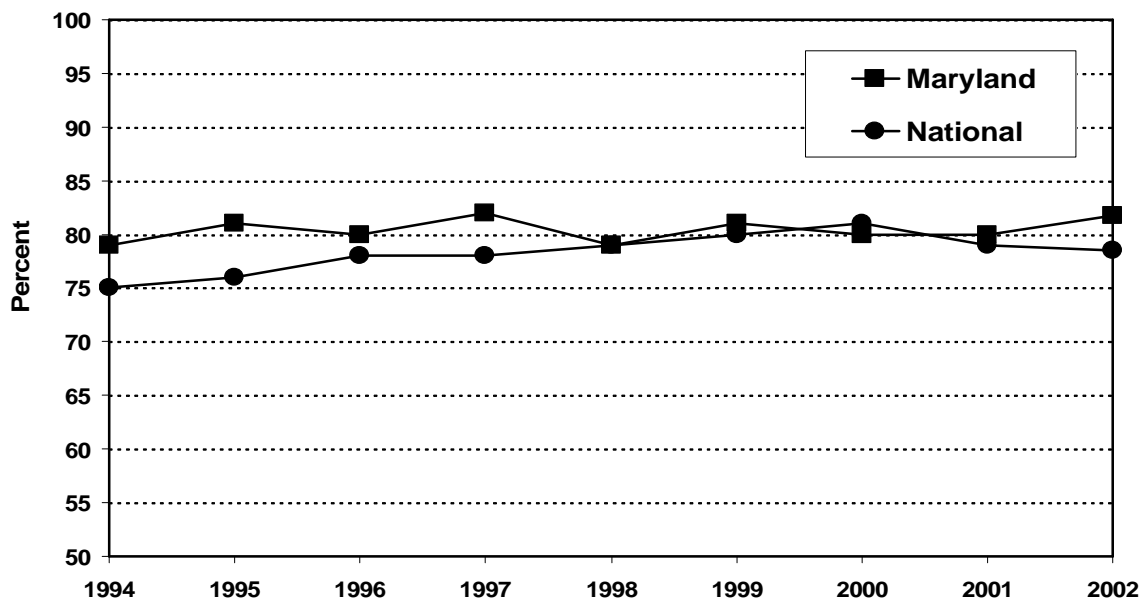
Source: National Immunization Survey

INJURIES

The rate of child injuries that require inpatient hospitalization.

Definition

The rate of injuries per 1,000 children that require inpatient hospitalization in three broad injury categories: accidents (motor vehicle or other), attempted homicide, or attempted suicide.

Significance

Childhood injuries requiring inpatient hospitalization present risks of long-term illness and disability. Nationally, each year unintentional injuries disable over 50,000 children and hurt 1 in 4 children seriously enough to require medical attention. These injuries cost the U.S. healthcare system $347 billion per year .

Baseline Data

CHILD INJURIES (reported by calendar year)

Child injuries per 1,000 children ages 0-19

Unintentional injuries	1995	1996	1997	1998	1999	2000	2001
All Races	4.5	4.6	4.3	3.4	4.0	3.8	3.8
African Am	5.0	5.2	4.6	3.8	4.1	3.9	3.7
White	4.4	4.3	4.2	3.2	3.9	3.9	3.8
All other races	3.4	4.0	4.0	3.3	3.8	2.6	3.8

Assaults	1995	1996	1997	1998	1999	2000	2001
All Races	0.4	0.5	0.4	0.4	0.3	0.3	0.3
African Am	1.1	1.1	1.1	0.9	0.8	0.8	0.7
White	0.1	0.2	0.2	0.2	0.1	0.2	0.1
All other races	0.2	0.2	0.2	0.4	0.2	0.1	0.2

Self-inflicted injuries	1995	1996	1997	1998	1999	2000	2001
All Races	0.4	0.4	0.3	0.3	0.3	0.3	0.3
African Am	0.4	0.4	0.3	0.3	0.2	0.2	0.2
White	0.4	0.3	0.3	0.3	0.3	0.4	0.4
All other races	0.4	0.3	0.5	0.3	0.3	0.2	0.5

Data Sources

All Maryland hospitals report hospital discharge data to the Health Services Cost Review Commission (HSCRC). These data sets are used by the Center for Preventative Health Services (CPHS) of the Department of Health and Mental Hygiene (DHMH) to produce standardized jurisdiction profiles that include reports on child hospitalization and death. Data on children are available by the age brackets 0-4, 5-9, 10-14, and 15-19, as well as by jurisdiction.
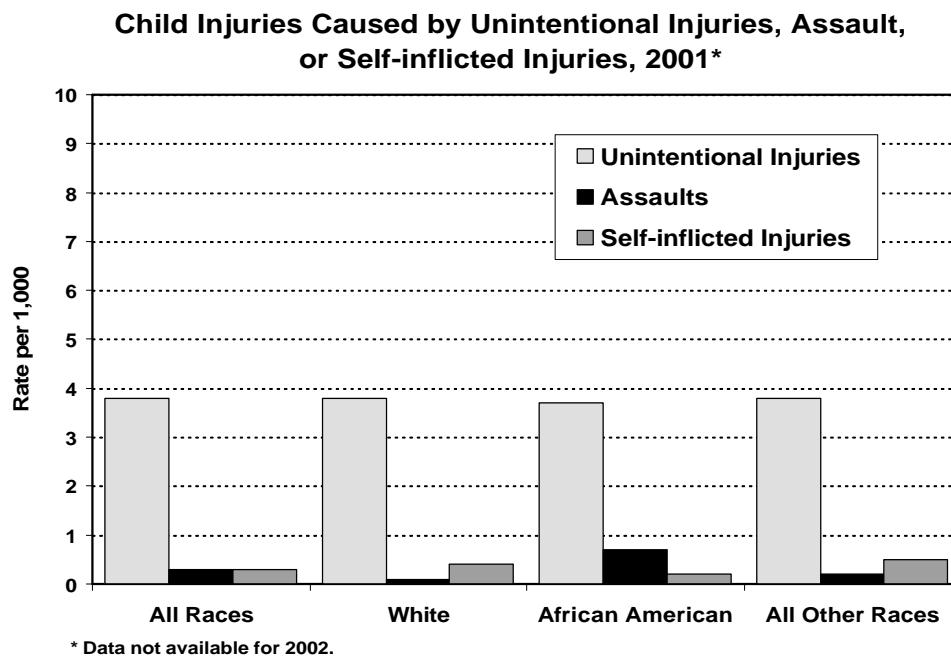
It may be desirable to use multi-year averaging and trend lines as well as large age brackets in smaller jurisdictions. CPHS encourages jurisdictions to solicit additional data on specific types of injuries pertinent to local issues. It is important to note that the coding for external cause of injury is not reliable enough to indicate whether a child injury was related to abuse or neglect.

Discussion

Injuries may be the result of unintentional or intentional events. Most unintentional injuries are related to motor vehicle/traffic accidents, falls, fires and burns, poisonings, choking and suffocation, and drowning. Intentional injuries include both assaults and self-inflicted injuries. In Maryland from 1995 through 2000 the rate of unintentional injuries decreased slightly for all races, remaining stable in 2001. The unintentional injury rate for both African-American and white children has declined since 1995.

For all races, the rate of injuries resulting from assaults or which were self-inflicted have remained stable. In 2001, injuries were between 5.3 (African-American) and 38.0 (White) times more likely to caused by unintentional events than by assaults and between 7.6 (Other races) and 18.5 (African-American) times more likely to be caused by unintentional events than by self-inflicted actions.

It is estimated that as many as 90% of childhood injuries can be prevented. For every dollar spent on bike helmets, society saves $30. For every dollar spent on car seats, society saves $32, and for every dollar spent on smoke alarms, society saves $21. It is estimated that as many as 90% of childhood injuries can be prevented. Devoting time and resources to educational initiatives and equipment distribution can reduce the instance of injury. Although not as easily quantified, increased focus on promoting the social and emotional skills, values and support systems needed to maintain a balanced personal life and family may prevent self-inflicted injuries and assaults.

Child Injuries Caused by Unintentional Injuries, Assault, or Self-inflicted Injuries, 2001*

* Data not available for 2002.

DEATHS

Indicator

The rate of deaths among children one year of age and older.

Definition

The rate per 100,000 of deaths among children one year of age and older by age (1-9, 10-19) by race/ethnicity.

Significance

The indicator measures the ultimate poor health outcome for children. The rates and causes of death indicate specific risks for children of different ages, genders, and racial/ethnic backgrounds.

Baseline Data

CHILD DEATH RATE BY AGE & RACE (reported by calendar year)

Child deaths per 100,000 children ages 1-19*

Maryland	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
All Races	45.3	44.0	44.2	39.9	44.5	37.8	36.3	34.7	36.0	32.7	34.6
White	36.6	34.0	33.5	30.6	32.5	24.8	25.2	23.3	28.2	28.8	28.2
African Amer	NA	NA	NA	NA	72.9	66.5	61.6	58.9	53.9	46.4	49.3
All Other	62.0	63.0	63.7	56.7	19.8	22.4	15.4	24.2	19.7	9.6	16.4

National	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
All Races	45.4	42.5	43.8	42.9	41.8	39.9	38.0	36.3	34.9	33.9	NA
White	41.4	38.1	38.9	37.9	37.6	35.9	34.8	33.5	32.7	32.1	NA
All Other	62.5	60.0	63.1	62.5	57.9	54.7	50.2	47.0	42.8	40.2	NA

For child deaths less than one year of age, see infant mortality; race is not broken out for African-Americans until 1995 – see graphs.

Data Sources

Maryland - Vital Statistics, Department of Health and Mental Hygiene; National - Office of Analysis and Epidemiology, National Center for Health Statistics, CDC, http://wonder.cdc.gov. The 2001 National data for this indicator are not available.

Considerations

It may be desirable to compute multi-year averages, particularly for small jurisdictions and subgroups. It may be possible to develop other categories using unpublished data.

Related Measures

National Kids Count 2002 report publishes child death rates for children ages 1-14.

National Kids Count 2002

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Maryland	32	30	29	30	27	25	23	20	21	21
National	31	29	30	29	28	26	25	24	24	22

The leading cause of death among children ages 1-14 remains accidents and adverse effects. In 2001, there were 232 deaths for persons under the age of 15. Sixty-four deaths (27.6%) were the result of accidents. Malignancies (cancer) ranked second, with 34 deaths or 14.7% of the total deaths in this age group. Other causes of death for children include homicides, congenital anomalies, infectious diseases, and chronic diseases.

The State continues to stress greater care to prevent fatal accidents in the home, on the road, and in schools. Moreover, in an effort to reduce the number of homicides, Maryland has enacted the toughest gun measures in the nation and police forces around the State have worked diligently with schools. Additionally, youth who develop the skills to participate in the cultural and civic life of their communities are less likely to become victims of violence.
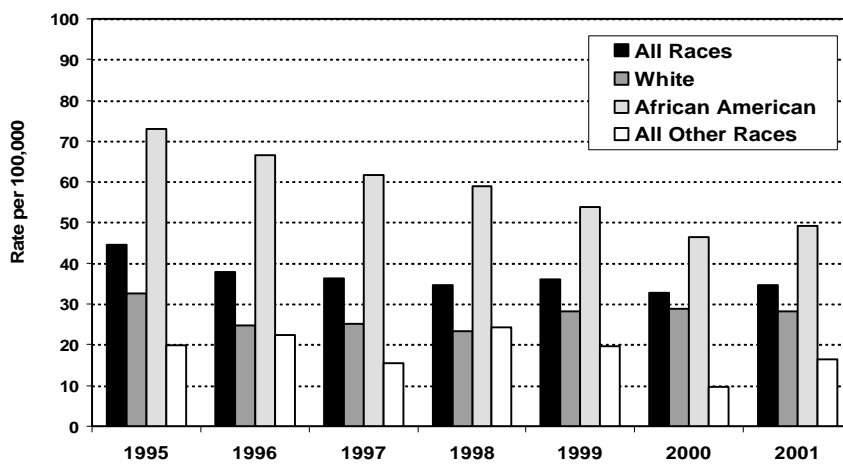
Child Death* Rates Ages 1 to 19 Maryland and National
1990 to 2001
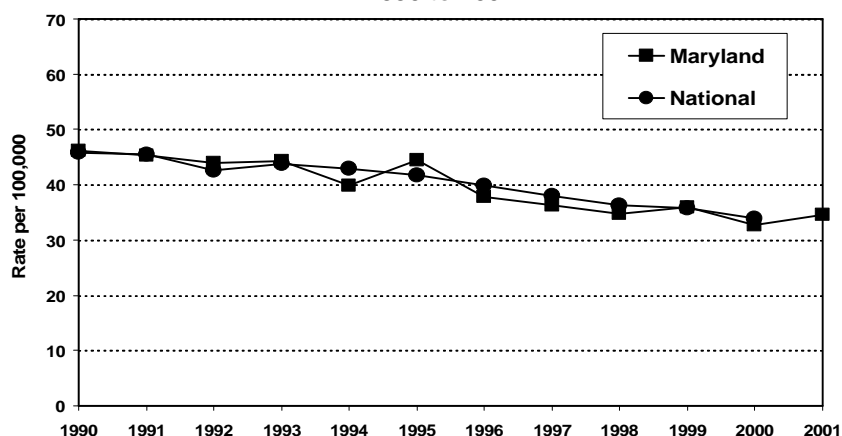
* For deaths less than one year of age see infant mortality.
** National data for 2001 not available

Child Death* Rates Ages 1 to 19 in Maryland by Race
1995 to 2001

*For deaths less than one year of age see infant mortality.

SUBSTANCE ABUSE

Indicator

The percentage of public school students who report using alcohol, tobacco, or other drugs.

Definition

Percent of public school students who report using alcohol, tobacco, or illegal drugs by type of substance and by age/grade (6th, 8th, 10th, and 12th) within the last 30 days.

Significance

Use of various substances poses major health risks to youth. Early use of some substances (e.g. tobacco) is associated with later use of others.

Baseline Data

MARYLAND SUBSTANCE ABUSE (reported by academic year) reporting substance use within the last 30 days.

	Cigarettes				Alcohol				Marijuana			
Maryland	**1996**	**1998**	**2001**	**2002**	**1996**	**1998**	**2001**	**2002**	**1996**	**1998**	**2001**	**2002**
6th Grade	4.6	4.2	2.5	1.3	7.9	9.1	6.3	5.0	1.8	1.8	1.2	0.8
8th Grade	17.0	14.8	10.6	6.6	27.1	26.6	22.8	16.4	11.6	10.0	10.6	6.9
10th Grade	25.1	23.9	16.6	12.7	43.7	42.9	35.0	35.0	22.4	22.7	19.8	16.7
12th Grade	32.0	28.6	25.5	19.8	52.4	48.4	47.5	44.3	27.4	24.2	22.7	21.0

	Heroin				Ecstasy				LSD			
Maryland	**1996**	**1998**	**2001**	**2002**	**1996**	**1998**	**2001**	**2002**	**1996**	**1998**	**2001**	**2002**
6th Grade	0.4	0.7	0.3	0.3	0.4	0.6	0.4	0.4	0.8	0.8	0.6	0.4
8th Grade	1.6	1.8	1.1	0.7	1.9	1.3	2.4	1.4	2.9	2.6	2.2	0.8
10th Grade	1.5	2.2	1.1	1.1	2.9	3.6	4.8	3.1	5.8	5.0	3.7	2.4
12tth Grade	1.6	1.1	0.9	1.4	2.7	3.1	4.8	3.6	5.6	4.8	3.7	2.7

	Cigarettes				Alcohol				Marijuana			
National	**1996**	**1998**	**2001**	**2002**	**1996**	**1998**	**2001**	**2002**	**1996**	**1998**	**2001**	**2002**
8th Grade	21.0	19.1	12.2	10.7	26.2	23.0	21.5	19.6	11.3	9.7	9.2	8.3
10th Grade	30.4	27.6	21.3	17.7	40.4	38.8	39.0	35.4	20.4	18.7	19.8	17.8
12th Grade	34.0	35.1	29.5	26.7	50.8	52.0	49.8	48.6	21.9	22.8	22.4	21.5

	Heroin				Ecstasy				LSD			
National	**1996**	**1998**	**2001**	**2002**	**1996**	**1998**	**2001**	**2002**	**1996**	**1998**	**2001**	**2002**
8th Grade	0.7	0.6	0.6	0.5	1.0	0.9	1.8	1.4	1.5	1.1	1.0	0.7
10th Grade	0.5	0.7	0.3	0.5	1.8	1.3	2.6	1.8	2.4	2.7	1.5	0.7
12th Grade	0.5	0.5	0.4	0.5	2.0	1.5	2.8	2.4	2.5	3.2	2.3	0.7

Data Sources

The Maryland State Department of Education (MSDE) administers the Maryland Adolescent Survey (MAS) to assess information and attitudes on the nature, extent and trends in alcohol, tobacco, and drug use in middle and high school populations.

The survey is conducted biennially and has been designed to parallel the National Institute on Drug Abuse's annual national survey "Monitoring the Future." The MAS provides information about substance abuse and risk and protective factors at the jurisdictional level.

Considerations

The results of the MAS are generalizable to the population of public school students.

Related Measures

The annual national survey, "Monitoring the Future," conducted by the National Institute on Drug Abuse, gathers information on 8th, 10th, and 12th grades.

Discussion

Findings reported in the 2002 MAS indicate that there has been a continual decline in use since 1998. It is sometimes easy to overlook the fact that the majority of our adolescents do not use any drugs. While approximately two-thirds of our 12th graders have tried alcohol, it is important to point out that less than 50% report using alcohol in the 30 days prior to the survey. After a significant increase in the use of 8th, 10th, and 12th grade use of Ecstasy in 2001, use has decreased across these grades in 2002. Alcohol continues to be the most frequently used substance at each grade level across the entire time frame. These trends in Maryland are consistent with the findings of the 2002 "Monitoring the Future" Study.

Percent of 6th, 8th, 10th, and 12th Graders Reporting Use of Cigarettes, Alcohol, and Marijuana in the Last 30 Days
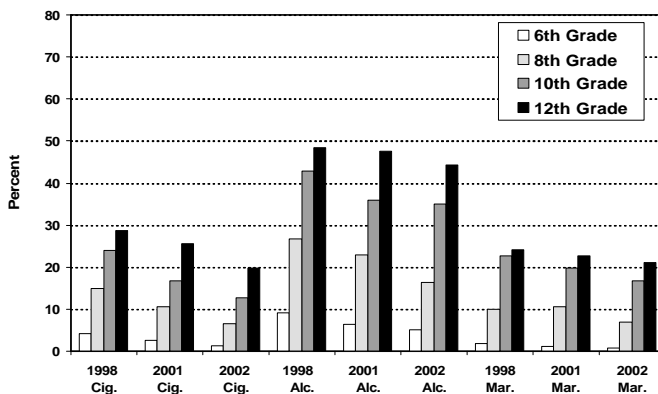
Percent of 6th, 8th, 10th, and 12th Graders Reporting Use of Ecstasy, Heroin, and LSD in the Last 30 Days
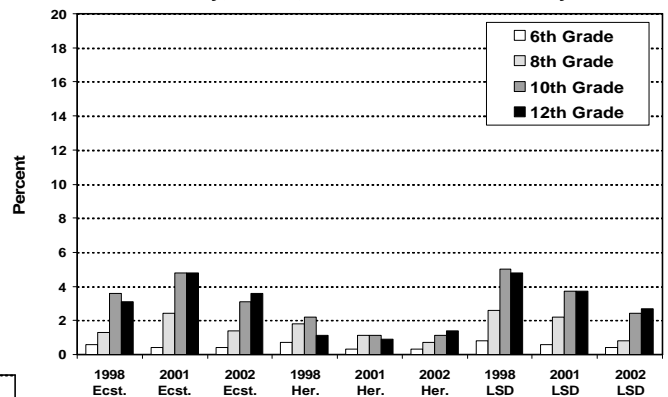
Percent of 8th Graders Reporting Substance Use in Last 30 Days, Maryland and National 2002
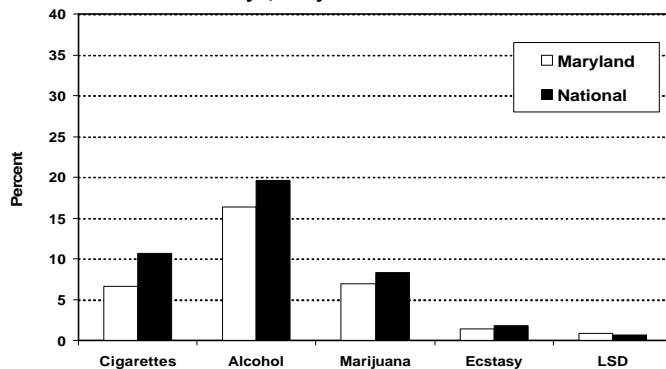
Result Area: Children Enter School Ready to Learn in Maryland

State Standing

- 1 - 4 (Highest/Best)
- 5 - 8
- 9 - 12
- 13 - 17
- 18 - 22 (Lowest/Worst)

Indicator Used (See Methodology for State Maps)

School Readiness Baseline Information
52.0% at Full Readiness: 2003-MD)

February 2004 - Maryland Subcabinet for Children, Youth and Families
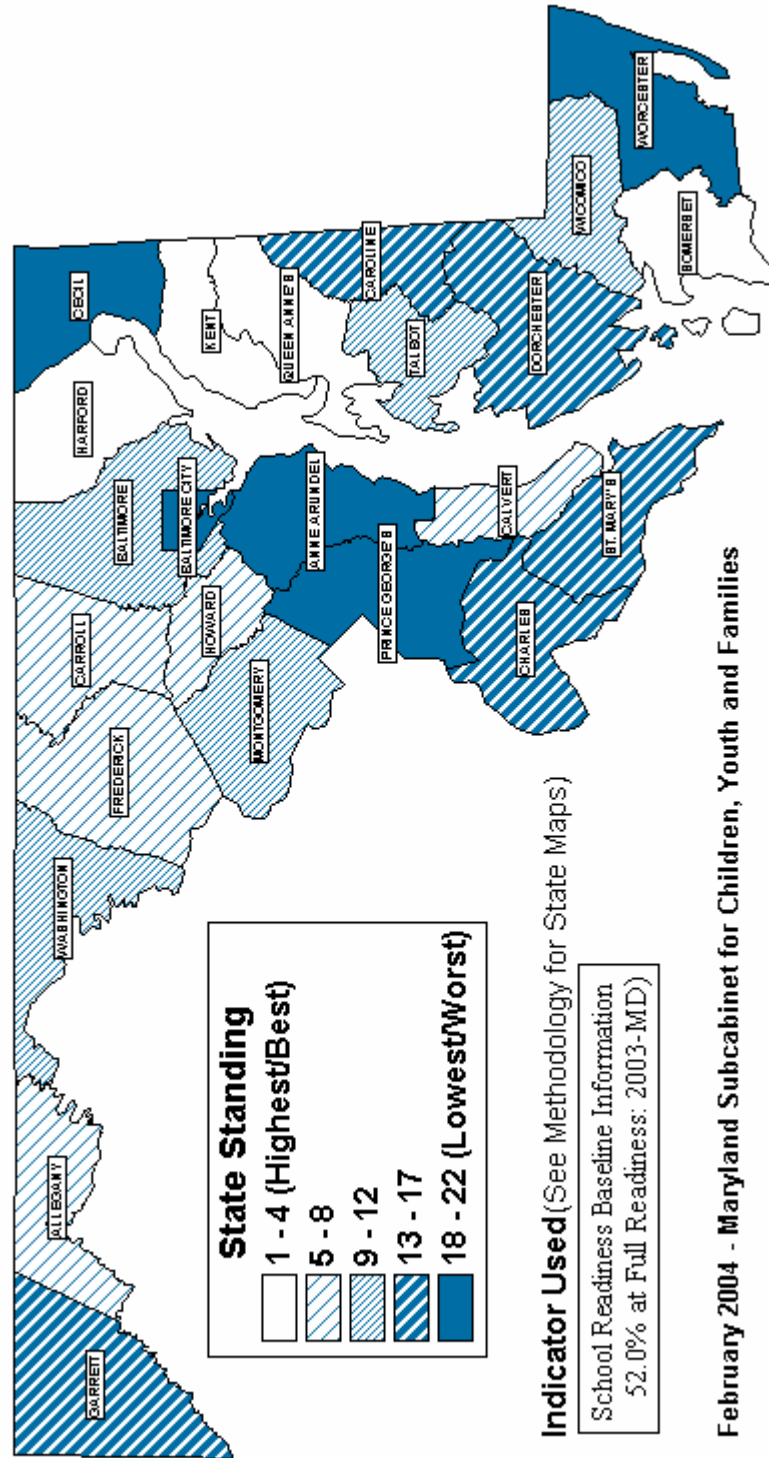
CHILDREN

ENTER

SCHOOL

READY

TO LEARN

CHILDREN ENTER SCHOOL READY TO LEARN INDICATOR:

KINDERGARTEN ASSESSMENT: The percent of kindergarten students who have reached one of three levels of readiness on the Work Sampling System™ Kindergarten Assessment: full readiness, approaching readiness or developing readiness.

KINDERGARTEN ASSESSMENT

Indicator

Percent of kindergarten students who have reached one of three levels of readiness on the Work Sampling System™ Kindergarten Assessment: full readiness, approaching readiness, or developing readiness.

Definition

The three levels of readiness are based upon teacher ratings in the following seven domains: social and personal, language and literacy, mathematical thinking, scientific thinking, social studies, the arts, and physical development. Full readiness is defined as consistently demonstrating skills, behaviors, and abilities that are needed to meet kindergarten expectations successfully. Approaching readiness indicates that a student is inconsistently meeting those goals and requires targeted instructional support. Students who are developing readiness do not successfully meet kindergarten readiness goals and require considerable support.

Significance

Recent neuroscientific research strongly supports the belief that early learning experience prior to formal education is an essential foundation for later school success. Research in how young children learn encourages the assumption that improvement in school readiness will positively impact the results of future assessments administered statewide to Maryland students.

Baseline Data

KINDERGARTEN ASSESSMENT (reported by academic year)

Percent of students entering kindergarten demonstrating school readiness

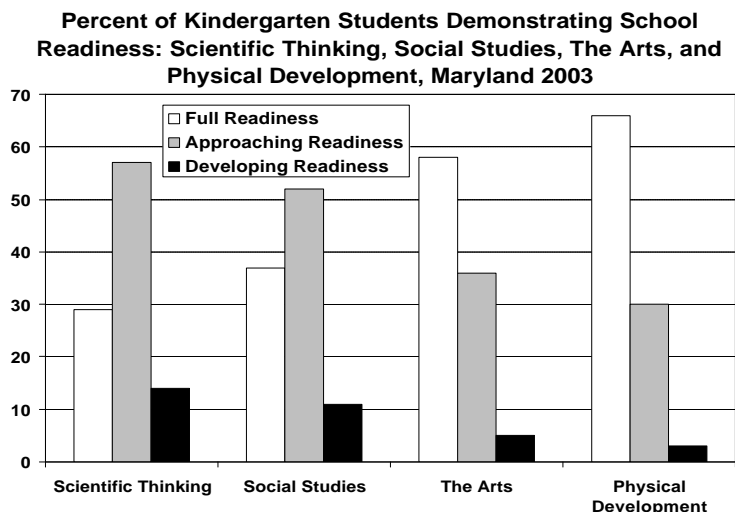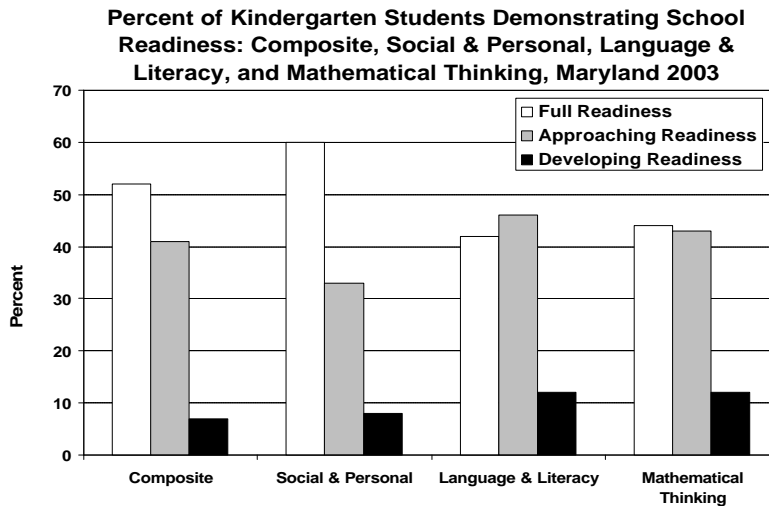| Academic Year	Full Readiness		Approaching Readiness		Developing Readiness	
	2002	2003	2002	2003	2002	2003
Composite	49	52	44	41	7	7
Social and Personal	55	60	36	33	9	8
Language and Literacy	36	42	50	46	14	12
Mathematical Thinking	40	44	47	43	13	12
Scientific Thinking	24	29	59	57	17	14
Social Studies	32	37	55	52	13	11
The Arts	51	58	42	36	7	5
Physical Development	60	66	35	30	4	3

Data Sources

The Work Sampling System™ (WSS) Kindergarten Assessment is administered by local public schools. Data are collected by the Maryland State Department of Education (MSDE) and are available by jurisdiction and by individual schools. The Work Sampling System is a registered trademark of Pearson Early Learning, Inc.
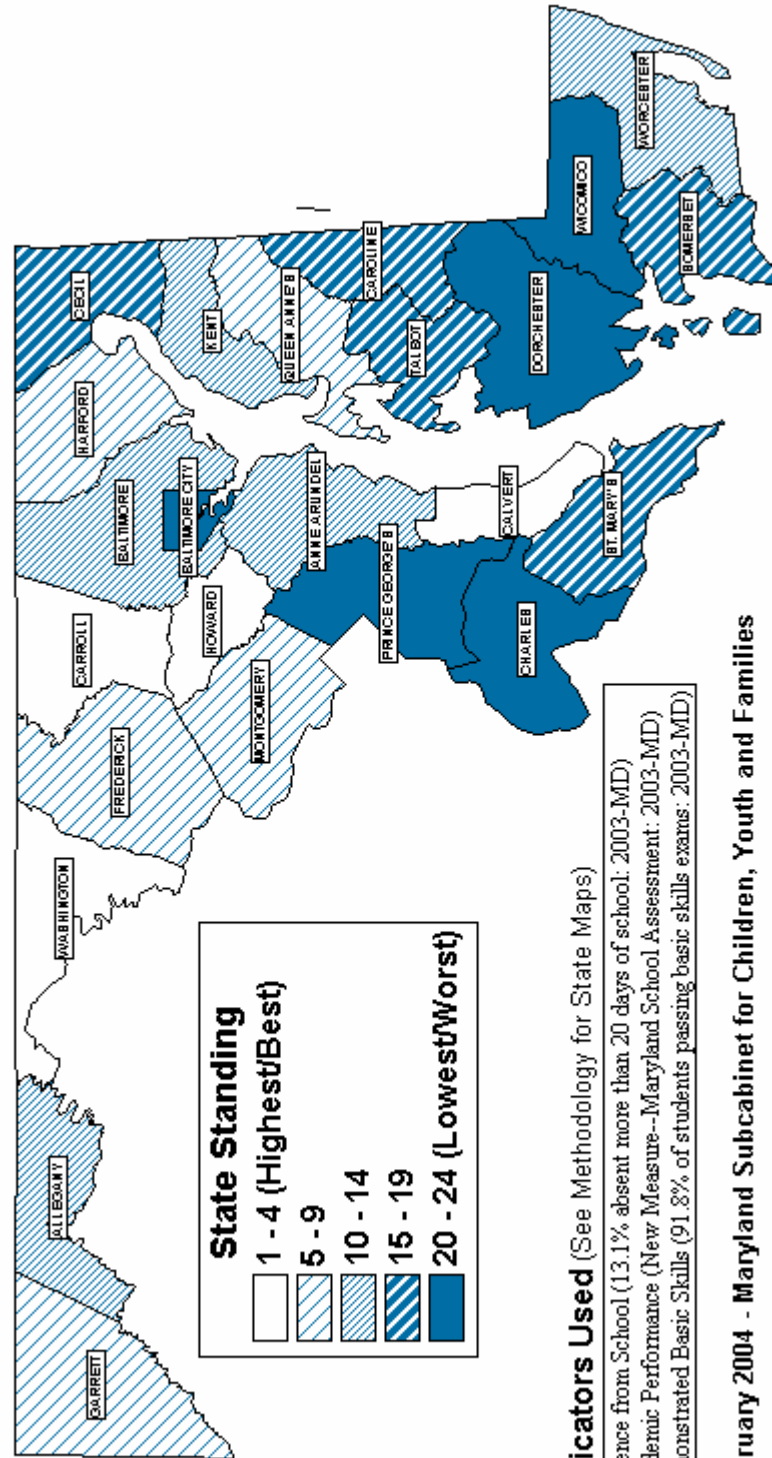
The school readiness information for school year 2002-03 represents the second year that all kindergartners in the state of Maryland were rated on their readiness for school. The statewide data for the composite score reveals that 52% of entering kindergarten students in Maryland were rated by their teachers as "fully ready" to do kindergarten work. 41% of entering students were at the "approaching readiness" level and in need of targeted support in order to meet kindergarten expectations. Seven percent of the students were in the "developing readiness" category and needed considerable support in order to do kindergarten work successfully. Most of the support was needed in the domains of Scientific Thinking, Social Studies, Mathematical Thinking, and Language and Literacy.

Compared to the school readiness baseline data collected in school year 2001- 02, the composite school readiness data show that 3% more kindergarten students came to school fully ready. There was improvement in all domains. The largest improvement area in 2003 was in Language and Literacy with an increase of 6% of the students rated "fully ready." Mathematical Thinking improved by 4% and the domain, Social and Personal Development, improved by 5%.

Percent of Kindergarten Students Demonstrating School Readiness: Composite, Social & Personal, Language & Literacy, and Mathematical Thinking, Maryland 2003

Percent of Kindergarten Students Demonstrating School Readiness: Scientific Thinking, Social Studies, The Arts, and Physical Development, Maryland 2003

Result Area: Children Successful in School in Maryland

State Standing

- 1 - 4 (Highest/Best)
- 5 - 9
- 10 - 14
- 15 - 19
- 20 - 24 (Lowest/Worst)

Indicators Used (See Methodology for State Maps)

Absence from School (13.1% absent more than 20 days of school: 2003-MD)
Academic Performance (New Measure--Maryland School Assessment: 2003-MD)
Demonstrated Basic Skills (91.8% of students passing basic skills exams: 2003-MD)

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CHILDREN

SUCCESSFUL

IN SCHOOL

CHILDREN SUCCESSFUL IN SCHOOL
INDICATORS:

ABSENCE FROM SCHOOL: The percent of students who are absent more than 20 days annually from school.

ACADEMIC PERFORMANCE The percent of public school students in grades 3, 5, 8 and 10 performing at basic, proficient, or advanced levels in reading and mathematics. Students in grades 3, 5, 8 and 10 take the MSA in reading. Students in grades 3, 5 and 8 and those taking a high-school-level geometry course take the MSA in math.

DEMONSTRATED BASIC SKILLS: The percent of public school students in the 11th grade demonstrating basic skills by passing the three Maryland Functional Tests: Reading, Writing, and Mathematics.

ABSENCE FROM SCHOOL

Indicator

The percent of students absent more than 20 days of school annually.

Definition

Percent of students in all grades missing more than 20 days of the school year. School attendance data are calculated as the percentage of students present in school for at least half the average school day throughout the school year. This measure is consistent with the Maryland State Department of Education (MSDE) standard that students attend 94 percent of school days. Data are published at the elementary (grades 1-5), middle (grades 6-8), and high (grades 9-12) school levels.

Significance

Absenteeism and truancy indicate a loss of opportunities to learn and have negative long-term consequences. High levels of school absence are associated with a higher risk of school failure, dropping out of school, delinquent behavior, substance abuse, and other high-risk behaviors.

Baseline Data

ABSENCE FROM SCHOOL (reported by academic year)

All grades—Percent absent more than 20 days									
1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
13.6%	14.7%	13.6%	13.8%	12.9%	13.7%	12.3%	12.3%	11.3%	13.0%

Data Sources

MSDE collects attendance data through the Maryland Report Card Performance Report. Attendance rates are reported for the State, school system, and school levels for elementary (grades 1-5), middle (grades 6-8), and high (grades 9-12) school levels.

Considerations

The current data reporting system is structured to collect statistics for absences of more than 20 days. It is important to note that these data do not differentiate between students with "excused" versus "unexcused" absences. Local school systems have detailed data on reasons for absences. Also, the measure does not include students enrolled for fewer than 91 days during the school year.
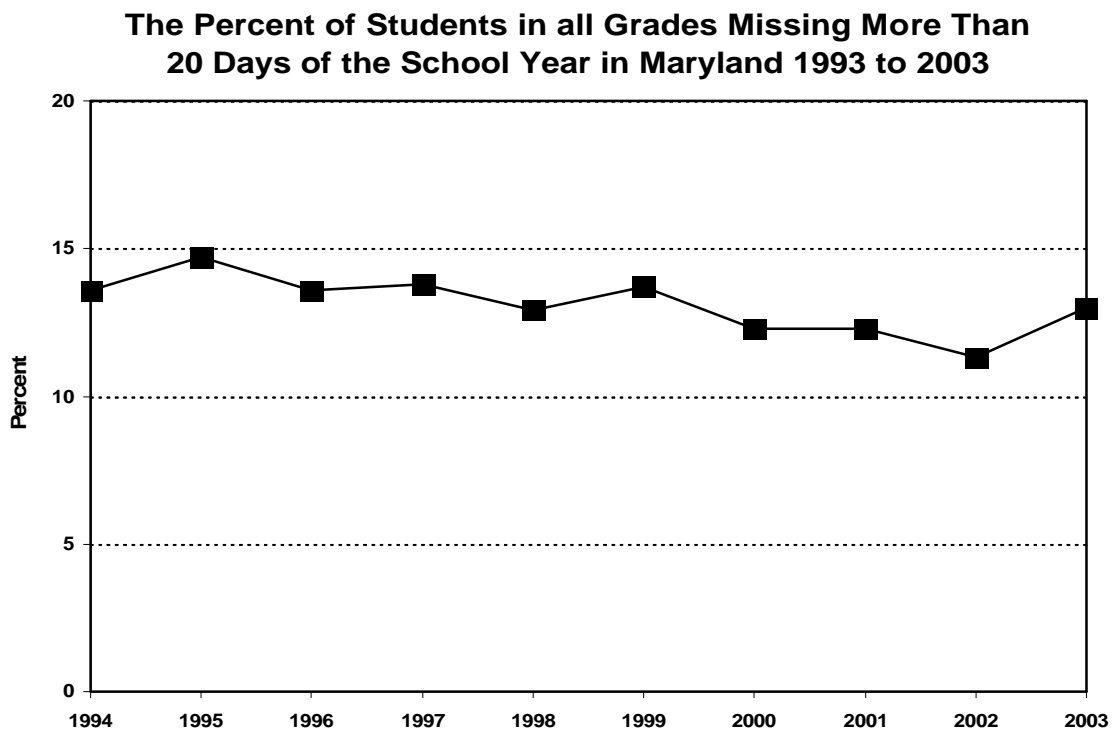
Discussion

Maryland public schools recognize the significant role parents play in their children's education. Absentee rates from school are one measure of parent-school collaboration. Although the rate of absence increased from 11.3% to 13.0% in 2003, it should be noted that between 1995 and 2002, the percentage of students missing 20 or more days decreased by 23%.

The Maryland State Board of Education's family involvement policy, adopted in October 2001, is supportive of the fact that when schools, families, and community organizations work together to support learning, children tend to do better in school, stay in school longer, and like school more. This comprehensive family involvement policy is dedicated to empowering parents to become involved in their children's education.

The Board's family involvement policy also recognizes that students with involved parents earn higher grades and test scores, enroll in higher-level programs, attend

school regularly, pass their classes, are promoted, develop better social skills, show improved behavior, and go on to postsecondary education. Creating positive home, school, and community partnerships is essential to accomplishing the mission of successfully educating all students in Maryland.

In the fall of 2003, the Maryland's Parent Advisory Council (M-PAC) was formed to serve in an advisory capacity to the State Department of Education and the State Board of Education on issues of parent involvement, from the development and implementation of policies and procedures, to parents' rights and roles in student achievement. This group is expected to have a positive impact on every family in Maryland.

The Percent of Students in all Grades Missing More Than 20 Days of the School Year in Maryland 1993 to 2003

ACADEMIC PERFORMANCE

Indicator

The percent of public school students in 3rd, 5th, 8th, and 10th grades scoring proficient or advanced on the Maryland School Assessment (MSA). For students with significant cognitive disabilities, the Independence Mastery Assessment Program was used to measure student progress in reading and mathematics.

Definition

The percent of public school students in grades 3, 5, 8 and 10 performing at proficient or advanced levels in reading and mathematics. Students in grades 3, 5, 8 and grade 10 take the MSA in reading. Students in grades 3, 5, and 8 and those taking a high-school-level geometry course take the MSA in math.

Significance

The MSA requires students in grades 3, 5, and 8 to demonstrate what they know about reading and math and in grade 10 about reading. The test will produce a score that describes how well a student masters the reading and math content specified in the Maryland Content Standards. Each child will receive a score in each content area that will categorize their performance as basic, proficient, or advanced. This data will provide parents with objective information on their child's academic standing.

Baseline Data

3rd, 5th, 8th, 10th GRADE MARYLAND SCHOOL ASSESSMENTS - Percent of Students scoring at basic, proficient, or advanced levels.

	Reading			Mathematics		
	Basic	**Proficient**	**Advanced**	**Basic**	**Proficient**	**Advanced**
3rd Grade	41.9	49.5	8.6	34.9	50.2	14.8
5th Grade	34.4	39.7	26.0	45.0	45.5	9.5
8th Grade	40.1	34.3	25.6	60.4	26.4	13.3
10th Grade	38.7	31.5	29.9	56.6	33.2	10.2

Data Sources

Collected by the Maryland State Department of Education (MSDE) through the Maryland School Assessment for grades 3, 5, 8 and 10 in reading and through High School Assessment in geometry. Data are currently reported as the percent of students achieving basic, proficient, or advanced performance and are available on the State, school system, and school levels.

Considerations

The Maryland School Assessment was established to meet the requirements of the federal No Child Left Behind Act (NCLB). In 2003, the MSA was administered in reading and mathematics at grades 3, 5, 8 and in reading at grade 10. Grades 4, 6 and 7 will be added in the 2004 administration. Science will be added at a later date.

All students with disabilities are tested. Beginning in test year 2004, students with significant cognitive disabilities who are pursuing an alternate course of study based on their Individualized Education Program (IEP) will take the Alt-MSA, Maryland's alternate assessment.

NCLB requires reading, mathematics, and science testing at the elementary, middle, and high school levels. High school tests must cover material of at least tenth-grade

rigor. The MSA in reading will be administered to tenth graders and will fulfill the NCLB requirement for a high school reading test. The requirement to test high school math and science will be met through the High School Assessment in geometry and biology, respectively.

The cornerstone of Maryland's new accountability system is Adequate Yearly Progress (AYP). AYP is the measure by which MSDE tracks academic progress and makes decisions about school and school system improvement. All students are tested under the new accountability system and all student scores are reported at the school, school system, and state levels.

Schools, school systems, and the State must show that students are making AYP in reading, math, and one other measure. In elementary and middle schools, the additional measure is attendance. In high schools, it is graduation rate. In addition to student achievement in the aggregate, AYP must be made among eight subgroups of students: five racial/ethnic groups (African American, American Indian, Asian/Pacific Islander, Hispanic, White), students with limited English proficiency, students receiving special education services, and economically disadvantaged students.

If schools do not make AYP, Maryland has a process in place to help them improve. Schools must use their federal funds to make needed improvements. Parents will also have options to ensure that their children receive the high quality education to which they are entitled. These options might include transfers to higher performing schools in the area or supplemental educational services in the community, such as tutoring, after-school programs or remedial classes.

Maryland School Assessment (MSA) Reading Achievement Levels for 3rd, 5th, 8th, and 10th Grade Students, 2003
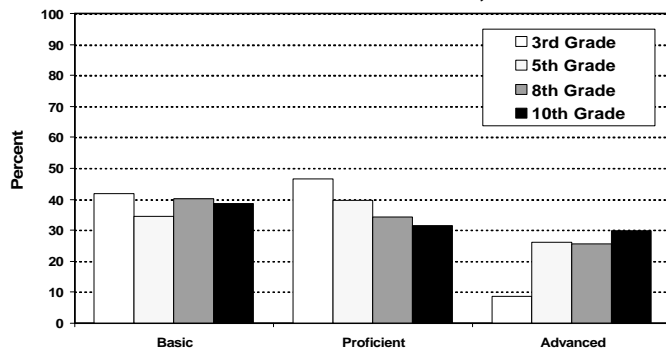
Maryland School Assessment (MSA) Mathematics Achievement Levels for 3rd, 5th, 8th, and 10th* Grade Students, 2003
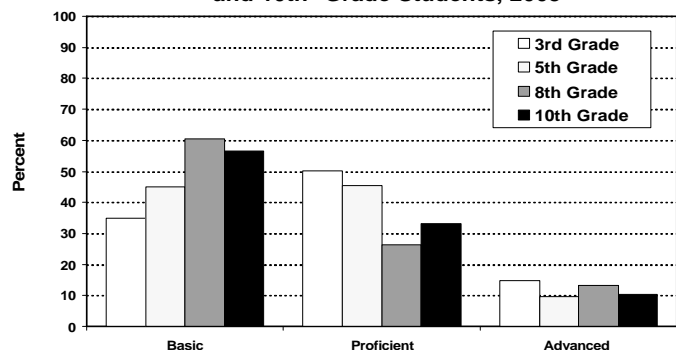
* MSA Geometry is 10th Grade Mathematics Assessment.

DEMONSTRATED BASIC SKILLS

Indicator

The percent of students in the 11th grade demonstrating basic skills at the passing level.

Definition

The percent of public school students demonstrating basic skills in reading, mathematics, and writing at the passing level at the end of grade eleven.

Significance

The achievement of minimum academic standards affects graduation, adult achievement, and life skills.

Baseline Data

11th GRADE FUNCTIONAL TEST - Percent of students passing the Maryland Functional Tests (MFTs) in four subject areas: Reading, Mathematics, Writing, and Citizenship through 1999; citizenship test excluded starting with 2000 (reported by academic year).

1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
92.4%	93.2%	92.9%	93.1%	91.8%	91.8%	91.3%	92.2%	94.9%	93.4%	92.4%	91.8%

Data Sources

Collected by the Maryland State Department of Education (MSDE) through the Maryland Functional Tests (MFTs). Data on the percent of students passing the functional tests and the number exempt are collected at the end of grade eleven. Data on reading, mathematics, writing, and passing all tests are available for the State, school system, and individual schools.

Discussion

The Maryland Functional Tests were developed in the 1980s to ensure that Maryland's High School graduates were competent in the basic skill areas of reading, mathematics and writing. They were designed as tests to measure only the most basic skills and functional knowledge. Results from the tests indicate that most students have a mastery of these basic skills by the first year of high school. In 2002-2003, Grade 11 students' results showed that 99.3% of the students passed the reading test, 93.8% passed the mathematics test, and 96.9% passed the writing test.

In August 2003, the Maryland State Board of Education decided to discontinue the use of the Maryland Functional Tests. The graduating class of 2004 is the last class of students required to pass the Maryland Functional Tests in order to earn a diploma. The State Board discontinued the Functional Tests so that schools could focus on preparing students for the Maryland High School Assessments, which are aligned with the Maryland Content Standards.

In order to graduate from High School with a Maryland diploma, all students, including middle school students enrolled in high-school level courses, must take the High School Assessments after they take the corresponding courses. At this time, passing the High School Assessment is not a graduation requirement.

The Percent of Students Demonstrating Basic Skills at the Passing Level at the end of 11th Grade in Maryland 1992 to 2003*
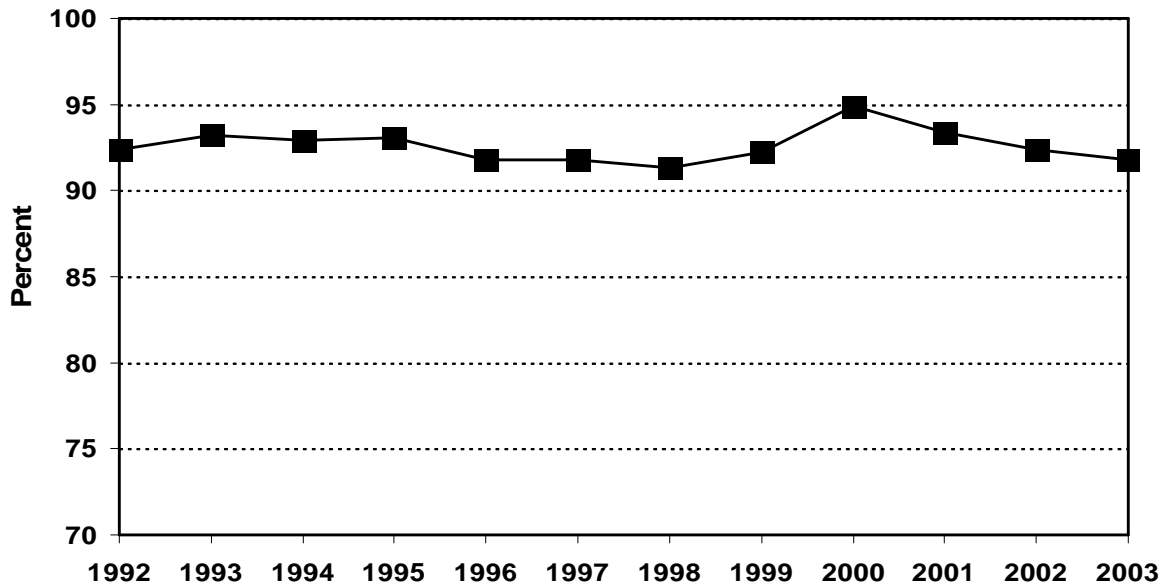
* For 1992 through 1999, the tests included reading, math , writing, and citizenship. Starting in 2000, the citizenship test was discontinued.

Result Area: Children Completing School in Maryland

State Standing

- 1 - 4 (Highest/Best)
- 5 - 9
- 10 - 14
- 15 - 19
- 20 - 24 (Lowest/Worst)

Counties labeled on map: GARRETT, ALLEGANY, WASHINGTON, FREDERICK, CARROLL, BALTIMORE, BALTIMORE CITY, HARFORD, CECIL, KENT, QUEEN ANNE'S, CAROLINE, TALBOT, DORCHESTER, WICOMICO, WORCESTER, SOMERSET, MONTGOMERY, HOWARD, ANNE ARUNDEL, PRINCE GEORGE'S, CALVERT, CHARLES, ST. MARY'S

Indicators Used (See Methodology for State Maps)

Drop Out Rate (3.4% of 9th to 12th graders: 2003-MD)
High School Program Completion (54.1% met requirements to enter University of Maryland System; 15.3% met the requirements for vocational education: 2003-MD)
High School Diploma (85.7% of Marylanders who are 25 or older: 2000-MD)

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CHILDREN COMPLETING SCHOOL

CHILDREN COMPLETING SCHOOL INDICATORS:

DROPOUT RATE: The percent of students in grades 9 through 12 who drop out of school in a single year.

HIGH SCHOOL PROGRAM COMPLETION: The percent of high school graduates who complete minimum course requirements needed for career and technology programs, or requirements needed to enter the University of Maryland, or who complete both.

HIGH SCHOOL DIPLOMA: The percent of persons 25 years of age and over with a high school diploma or equivalent.

GRADUATION/SCHOOL COMPLETION OF CHILDREN WITH EMOTIONAL DISTURBANCES: The percent of children with Emotional Disturbances who graduate from or complete high school.

DROPOUT RATE

Indicator

The percent of students in grades nine through twelve who drop out of school in a single year.

Definition

Percent of public school students in 9th through 12th grade who withdrew from school before graduation or before completing a Maryland approved educational program during the July-to-June academic year.

Significance

Failure to complete high school is closely linked with decreased employment opportunities, low pay, and limited paths to advancement.

Baseline Data

DROPOUT RATE (reported by academic year)

Maryland Students in grades 9-12

1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
5.2%	4.4%	5.0%	5.0%	4.6%	4.7%	4.1%	4.2%	3.9%	3.9%	3.7%	3.4%

National Students in grades 10-12

1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
4.4%	4.5%	5.3%	5.7%	5.0%	4.6%	4.8%	5.0%	4.8%	NA	NA	NA

Data Sources

Maryland Source: Maryland School Performance Assessment Program Report. National Source: U.S. Department of Education National Center for Educational Statistics, dropout rates in the United States. Data are collected by the Maryland State Department of Education (MSDE) through the Maryland School Performance Program for grades 9 through 12. Data are available on the State, school system, and school levels.

Considerations

The dropout rate is reported for grades 9-12. Data on dropout rates are not collected for individual students across school years.

Related Measures

Local school systems have data on the various reasons students drop out of school. These reasons often include expulsion, pregnancy, and parenthood. Additionally, the U.S. Census Bureau collects two related measures: people, age 20-24, who have not completed high school and teenagers, age 16-19, who are not enrolled in school and are not high school graduates.

Discussion

Maryland's dropout rate is one of the lowest in the nation. Since 1994, there has been a steady improvement in Maryland's dropout rate. In 1994, Maryland's dropout rate was 5.0%. In 2003 the rate is 3.4%, a 32% decline over the 1994 level. Maryland's schools have made a concerted effort in the last 10 years to create a team approach to the dropout problem. Maryland has realized that the resources necessary for addressing the dropout problem go well beyond the school and require the combined efforts of students, parents, teachers, administrators, community-based organizations, and local businesses.

Research literature has identified four major categories of factors that increase the potential for a student to drop out of school: school-related, student-related, community-related, and family-related. The potential for student drop out increases as the combination of risk factors becomes more multifaceted (Wells and Beachard, 1989).

Poor academic performance is considered to be the strongest of these factors. The United States Department of Education annual dropout report states that students who repeated one or more grades are twice as likely to drop out as those who have never been retained. Those who repeated more than one grade were four times as likely to leave school before completion.

Student related factors include personal problems such as substance abuse, pregnancy, and parenthood. These personal problems lead to behavior problems including truancy, absenteeism, tardiness, suspension, and ultimately expulsion. Maryland has in place intensive student supports such as counseling, advocacy, psychological services, and health services that help students cope with their personal problems and increase their school attendance.

Both the degree and nature of family support are critical to keeping students in school. Research has shown that factors such as stressful/unstable home life, single parent households, poor education of parents, socioeconomic status, and a primary language other than English increased the likelihood of a student dropping out of school (Horn, 1992). Of the community-related factors, poverty is the strongest predictor of the likelihood that a student may drop out of school.

Dropout Rate* Maryland and National
Percent of Students Leaving School 1992 to 2003
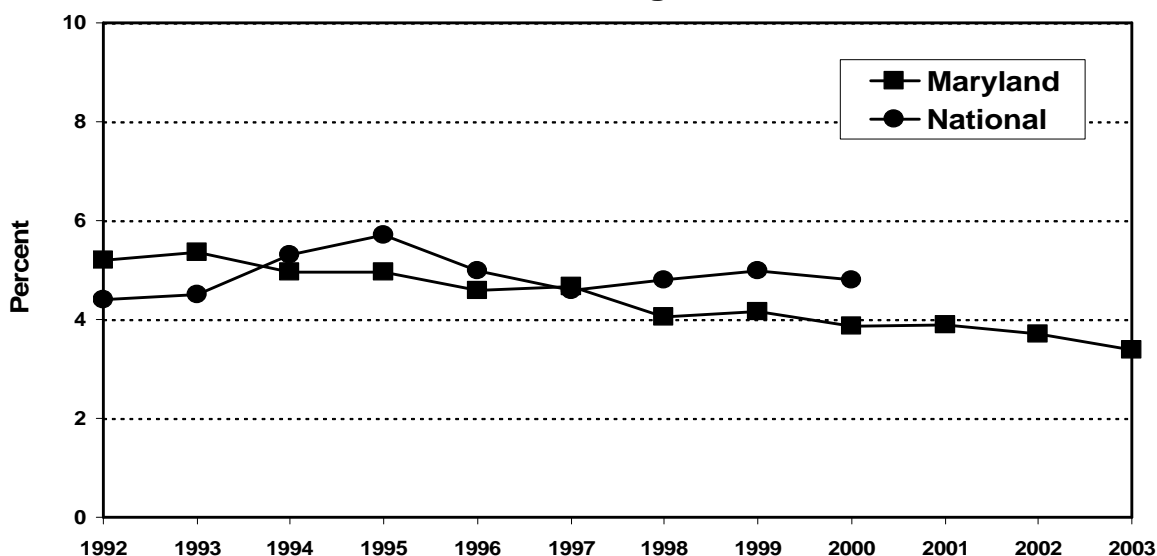
* Maryland - % of students grades 9-12 who withdrew from school before graduation or completing an approved educational program.
National - % of students enrolled in grades 10-12 one year earlier who were not enrolled and not graduated in the year for which the data are presented; national data not available for 2001, 2002 or 2003.

HIGH SCHOOL PROGRAM COMPLETION

The percent of high school graduates who complete minimum course requirements needed for career and technology programs, or requirements needed to enter the University of Maryland, or who complete both.

Significance

The completion of program requirements indicates students' potential readiness for post-secondary education and/or employment.

Baseline Data

HIGH SCHOOL PROGRAM COMPLETION – Percent of students who complete the various post-secondary requirements (reported by academic year).

	University System of Maryland	Career & Technology Education Programs	Both
1992	42.5%	17.5%	2.4%
1993	46.0%	15.6%	2.5%
1994	47.7%	14.7%	3.4%
1995	49.7%	13.1%	3.7%
1996	50.8%	12.7%	5.0%
1997	53.1%	14.3%	5.4%
1998	58.3%	14.3%	6.8%
1999	58.3%	14.3%	8.7%
2000	57.7%	14.2%	9.7%
2001	57.8%	14.6%	10.7%
2002	52.2%	15.9%	11.3%
2003	54.1%	15.3%	10.8%

Data Sources

Data are collected by the Maryland State Department of Education (MSDE) through the Maryland School Performance Program (MSPP). Data are available on the State, school system, and school levels at http://msp.msde.state.md.us/state.asp.

Considerations

It is important to note that the minimum required course work at the passing level might not be sufficient to predict success at the college level.
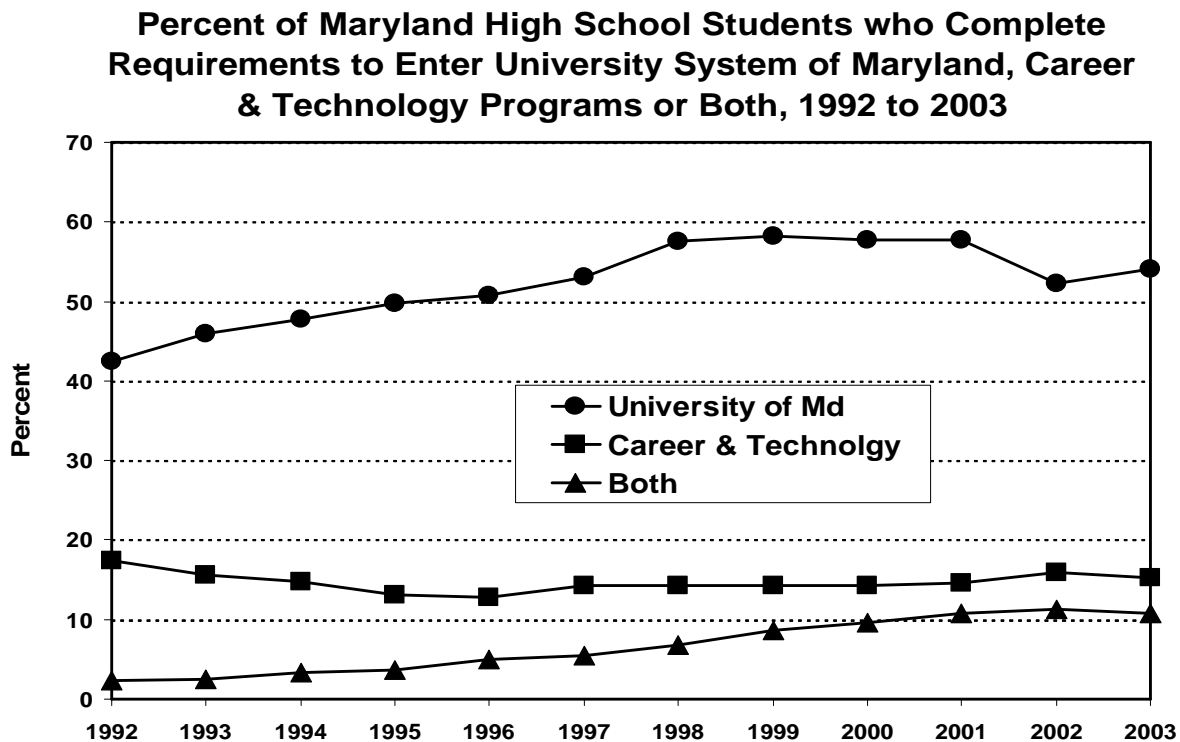
Discussion

Increasingly, students who complete state-approved Career and Technology Education (CTE) programs are also meeting the requirements for entry into the University of Maryland System. These students, known as "dual-completers," have been increasing at about 10 times the rate of overall growth in the CTE programs. It appears that more students who are preparing to enter directly into four-year colleges are finding value in acquiring the knowledge and skills gained by completing a CTE program.

Data from the 2003 High School Graduate Survey show that Maryland graduates continue to set high expectations for themselves with 84.1% of the Class of 2003

planning on entering directly into some form of higher education. This rate is up from 78.8% five years ago. Additionally, increasing numbers of students are planning to work while they attend college (19.5% compared to 15.3% a year ago). This information is available on-line for each Local School System and each individual school in the MSPP Report Card referenced above.

In terms of academic preparation, Maryland's average Scholastic Aptitude Test (SAT) verbal score for the Class of 2003 rose to 509, and its average math score went up to 515. Maryland's composite average of 1024 represents a 10-point jump since 1992. Average scores by American Indian, Asian, Puerto Rican and other Hispanic students also increased.

Participation and scores in the College Board's Advanced Placement (AP) program increased for Maryland students overall and for all subgroups. Exams are scored on a five-point scale and used by many colleges to award course credit or placement into advanced college credit. The number of Maryland students receiving grades 3 to 5, the high-level scores, increased by 12.7 percent in just one year, nearly twice the national increase of 6.6 percent. AP participation and scoring among ethnic minority groups also improved. The number of Hispanic students taking the test jumped 34 percent, while the number of tests of Hispanic students achieving a high score jumped nearly 30 percent.

Percent of Maryland High School Students who Complete Requirements to Enter University System of Maryland, Career & Technology Programs or Both, 1992 to 2003

HIGH SCHOOL DIPLOMA

Indicator

The percent of persons 25 years of age and over with a high school diploma or equivalent.

Definition

The percent of all persons 25 years of age and over residing in Maryland who have a high school diploma or equivalent.

Significance

Completing high school is closely linked with increased employment opportunities, higher pay, and expanded paths to advancement.

Baseline Data

EDUCATIONAL ATTAINMENT - Percent of persons 25 years and over with a high school diploma or equivalency (reported by calendar year).

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Maryland	78.2%	NA	82.6%	82.6%	82.0%	84.6%	84.7%	84.7%	84.7%	85.7%	88.1%	87.5%
National	78.4%	79.4%	80.2%	80.9%	81.7%	81.7%	82.1%	82.8%	83.4%	84.0%	84.0%	84.1%

Data Sources

U.S. Census - Current Population Survey data for Maryland are from Table 13 Education Attainment in the United States (http://www.census.gov/population/www/socdemo/educ-attn.html.)

Considerations

The Census provides the data once every ten years. Mid-decade data are made available through Current Population Reports from the U.S. Bureau of the Census.

Related Measures

The percent of young adults, ages 16 to 24, who are currently enrolled in high school and have completed high school, either by obtaining a diploma or an alternative credential such as a General Education Development (GED).
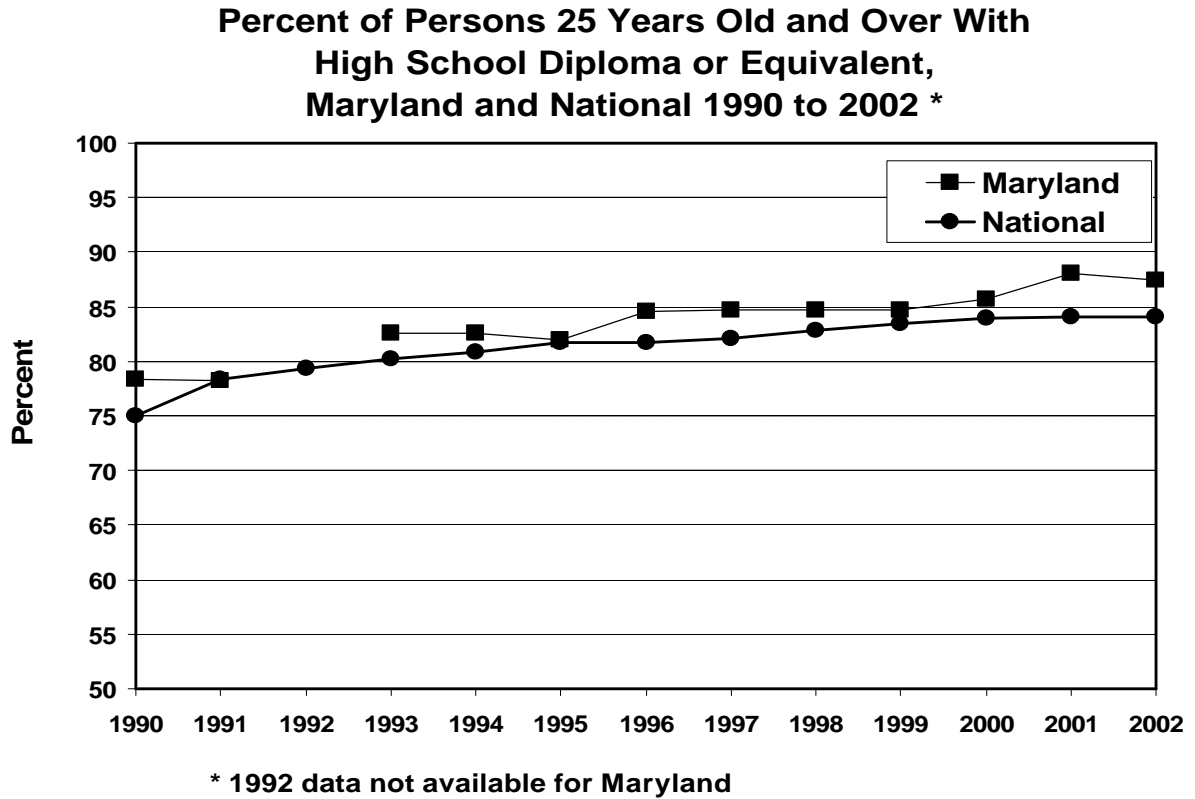
Discussion

In Maryland and nationally, the percentage of adults 25 years old and over with a high school diploma or an equivalent credential has increased steadily. Every year from 1991 to 2002, Maryland has equaled or exceeded the national percentage. This is important because obtaining a high school diploma or its equivalent is a measure of the extent to which these adults have mastered the basic reading, writing and math skills needed to function in the 21st century. It also represents the extent to which adults 25 years and over have completed a prerequisite for many entry-level jobs, as well as higher education.

High school graduates earn substantially more than persons who leave high school without graduating. Completion rates for African Americans have risen from 72% in 1972 to 85% in 2000. Completion rates have also increased among Whites, but to a lesser extent, resulting in a narrowing gap between African American and White rates over time. Hispanics have had much lower high school completion rates than either African Americans or Whites since the 1970's.

As large numbers of immigrants have entered this country in recent years, there is a concern that many have not completed the equivalent of a high school education. Without a high school diploma or its equivalent, these adults will be less prepared to

enter and/or progress in the 21st century workforce. Therefore, we should continue to offer a variety of educational programs to prepare them for obtaining a diploma or GED.

Percent of Persons 25 Years Old and Over With High School Diploma or Equivalent, Maryland and National 1990 to 2002 *

* 1992 data not available for Maryland

GRADUATION/SCHOOL COMPLETION OF CHILDREN WITH EMOTIONAL DISTURBANCES (ED)

Indicator

Percent of children with Emotional Disturbances (ED) who graduate from or complete high school. Prior to the passage of IDEA, Emotional Disturbance was referred to as Serious Emotional Disturbance (SED).

Definition

Percent of children with ED who exit special education by graduating or completing school. The denominator does not include those students with ED who exited the program to return to general education or to transfer to another program. The denominator does include those students who reached maximum age, dropped out, were expelled ('94-'97), or exited with a diploma or certificate.

Significance

High school graduation/completion is an indicator of adequate functioning for children with mental illness. The National Mental Health Association found that children with emotional disturbances have the highest school dropout rate of any group of children with disabilities (The National Mental Health Associations' 1993 Report, "All Systems Failure").

Baseline Data

GRADUATION/COMPLETION RATE, Exit Data (reported by calendar year) for Maryland students with disabilities (SWD), who are diagnosed as having ED.

	1995	1996	1997	1998	1999	2000	2001	2002	2003
Maryland	50.9%	53.5%	51.0%	54.4%	61.2%	61.4%	55.3%	57.8%	56.8%
National	43.0%	42.6%	44.4%	46.5%	NA	NA	NA	NA	NA

Data Sources

Maryland State Department of Education (MSDE), Special Services Information System (SSIS) Exit Data on the reasons students exited special education.

Considerations

Several factors must be considered regarding school identification of children with ED: differing diagnostic procedures and populations across counties affect enrollments; and other characteristics of the population and available resources also affect enrollment and school completion.

Related Measures

Consideration was also given to the number of children receiving mental health services. These data are limited in availability. Further, it was recognized that it would be difficult to determine whether an increase in this number would be considered positive or negative in terms of children's outcomes.

Discussion

On October 31, 2003, Maryland public schools served 9,753 emotionally disturbed children and youth ages 3 through 21. This is slightly over 1.1 percent of the school enrollment for all students (869,113) ages 3 through 21, and 8.6 percent of all children with disabilities (113,865) receiving special education service on October 31, 2003.

The percentage of students with disabilities ages 14-21 years old who exited special education with a diploma or certificate decreased from 74.2 percent (2001-2002 school year) to 70.4 percent in the 2002-2003 school year. The percent of students with ED receiving a diploma or certificate decreased slightly from 57.8 percent (2001-2002 school year) to 56.8 percent (2002-2003 school year). The gap between
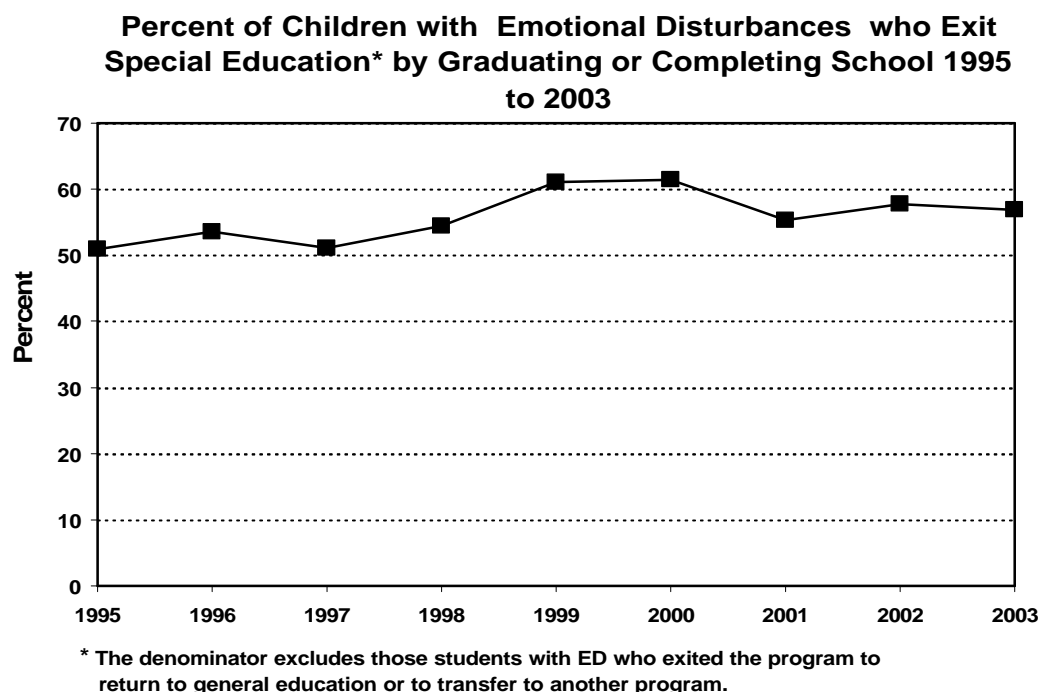
all students with disabilities and students with ED receiving a diploma or certificate has therefore decreased by nearly 3 percent.

The 2001-2002 national data indicates that Maryland's students with disabilities, including students with ED, continue to exceed the national percentage of students with disabilities receiving diplomas or certificates.
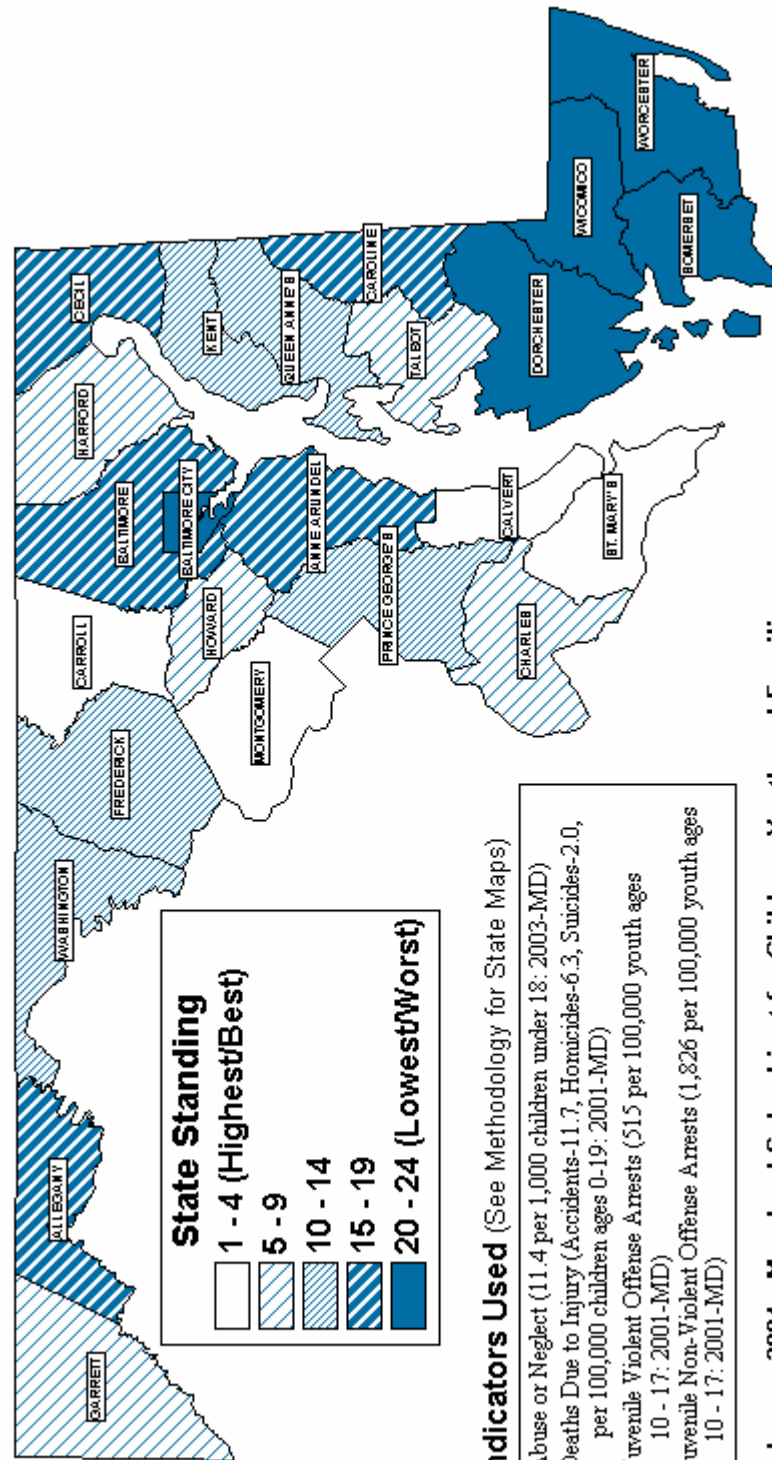
In an effort to increase the graduation rate for students with ED and to enhance the quality of life for students and their families, the Maryland State Department of Education (MSDE) has taken a number of steps to provide comprehensive support to families, school systems, and communities. These steps include assisting local schools in the educational development of children and youth with ED, fostering better interagency collaboration, and providing technical assistance to local school systems and state-operated programs to assure appropriate and necessary staffing for educational services.

Many of Maryland's schools have adopted a systems approach to enhancing the capacity of schools to sustain the use of effective practices for all students through the use of Positive Behavioral Interventions and Supports (PBIS). This approach assists schools in moving toward school-wide behavior systems that address the entire school - all students in all venues: the classroom, areas outside the classroom (hallway, restroom, cafeteria, and playgrounds), and the individual students with challenging behaviors. These systems define school rules and expectations, provide training about the rules, and offer feedback through acknowledgements and corrections.

PBIS is a team-based process for systemic problem solving and planning. It is an approach to create an environment within which school-based teams of educators are provided training in systems change, effective management principles and practices and applications of research-validated instruction and management practices.

Percent of Children with Emotional Disturbances who Exit Special Education* by Graduating or Completing School 1995 to 2003

* **The denominator excludes those students with ED who exited the program to return to general education or to transfer to another program.**

Result Area: Children Safe in Their Families and Communities in Maryland

State Standing

- 1 - 4 (Highest/Best)
- 5 - 9
- 10 - 14
- 15 - 19
- 20 - 24 (Lowest/Worst)

Indicators Used (See Methodology for State Maps)

Abuse or Neglect (11.4 per 1,000 children under 18: 2003-MD)

Deaths Due to Injury (Accidents-11.7, Homicides-6.3, Suicides-2.0, per 100,000 children ages 0-19: 2001-MD)

Juvenile Violent Offense Arrests (515 per 100,000 youth ages 10 - 17: 2001-MD)

Juvenile Non-Violent Offense Arrests (1,826 per 100,000 youth ages 10 - 17: 2001-MD)

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CHILDREN

SAFE IN

THEIR

FAMILIES

AND

COMMUNITIES

CHILDREN SAFE IN THEIR FAMILIES AND COMMUNITIES INDICATORS:

ABUSE OR NEGLECT: The rate of child abuse or neglect investigations ruled as indicated or unsubstantiated.

DEATHS DUE TO INJURY: The rate of injury-related deaths to children.

JUVENILE VIOLENT OFFENSE ARRESTS: The rate of arrests of youth ages 10-17 for violent offenses.

JUVENILE SERIOUS NON-VIOLENT OFFENSE ARRESTS: The rate of arrests of youth ages 10-17 for serious non-violent offenses.

DOMESTIC VIOLENCE: The rate of victims receiving domestic violence services through community-based programs funded by the Department of Human Resources.

ABUSE OR NEGLECT

Indicator

The rate of investigations of child abuse or neglect ruled as indicated or unsubstantiated.

Definition

Rate per 1,000 children of child abuse or neglect Child Protective Service investigations ruled "indicated" (where credible evidence is not satisfactorily refuted) or "unsubstantiated" (where insufficient evidence is found to support a finding as either indicated or ruled out).

Significance

The indicator measures the extent to which important adults threaten children's security. Child abuse or neglect can result in physical harm, developmental delays, behavioral problems, or death. Abused and neglected children are at greater risk for delinquency and mistreatment of their own children.

Baseline Data

RATES OF INDICATED AND UNSUBSTANTIATED CHILD ABUSE AND NEGLECT (reported by state fiscal year)

Rate per 1,000	1995	1996	1997	1998	1999	2000	2001	2002	2003
Indicated	7.6	7.2	6.9	6.2	6.3	6.2	5.8	5.5	5.3
Unsubstantiated	6.1	6.0	6.4	6.0	6.3	5.9	6.0	6.3	6.1
Total	13.7	13.2	13.3	12.3	12.6	12.1	11.8	11.8	11.4

Data Sources

The Department of Human Resources (DHR) Client Information System (CIS): data are available by jurisdiction and by type of abuse. DHR/CIS does not track the number of investigations ruled out because state law requires that they be expunged. At the State level investigations are counted by household, not by an individual child; consequently statewide data on individual children involved in CPS investigations are not available. Data have not been available by child, age, gender, race/ethnicity, maltreatment type, or relationship of perpetrator to victim. Recent changes to the law permit the State to begin to collect these data.

Considerations

The indicator represents a conservative estimate of the true incidence of abuse or neglect. When evidence is insufficient, but there is a suspicion that maltreatment did occur, the incident is classified as unsubstantiated. In addition, an unknown amount of abuse and neglect is never reported to authorities. Furthermore, a higher number of incident-based reports can reflect improvements in reporting systems rather than increases in incidents.

Related Measures

Both domestic violence and substance abuse are related to the risk of child maltreatment.

Discussion

The total number of investigations of alleged child abuse and neglect increased less than one percent in Maryland during FY2003. The rate per 1,000 of indicated reports decreased slightly, continuing the trend from FY1995 to FY2003. The rate per 1,000 of unsubstantiated reports of child abuse and neglect has remained essentially stable over the same time period.

Investigation of allegations of child abuse and neglect is only the first step in protecting children from continued abuse and neglect. Ongoing child protective services and family preservation programs are vital in helping families build sufficient supports to prevent the recurrence of maltreatment. Low worker-to-family ratios and intense service provision appear to be effective in preventing new incidents of child abuse and neglect, thereby reducing the need to place children outside of their homes.

The need to protect Maryland's children from abuse and neglect continues. When counseling, substance abuse treatment, parenting classes, and other services are unsuccessful in creating a safe home environment for a child, it becomes necessary to find an alternative arrangement. The first choice for alternative living arrangements is with relatives. When that is not possible, children are placed with foster parents until a more permanent living arrangement can be found. Maryland has begun several initiatives to create a safer living environment for children likely to be removed from the home and have expedited finding more permanent alternative living arrangements.

Child Abuse or Neglect: Indicated and Unsubstantiated Cases in Maryland, 1995 to 2003
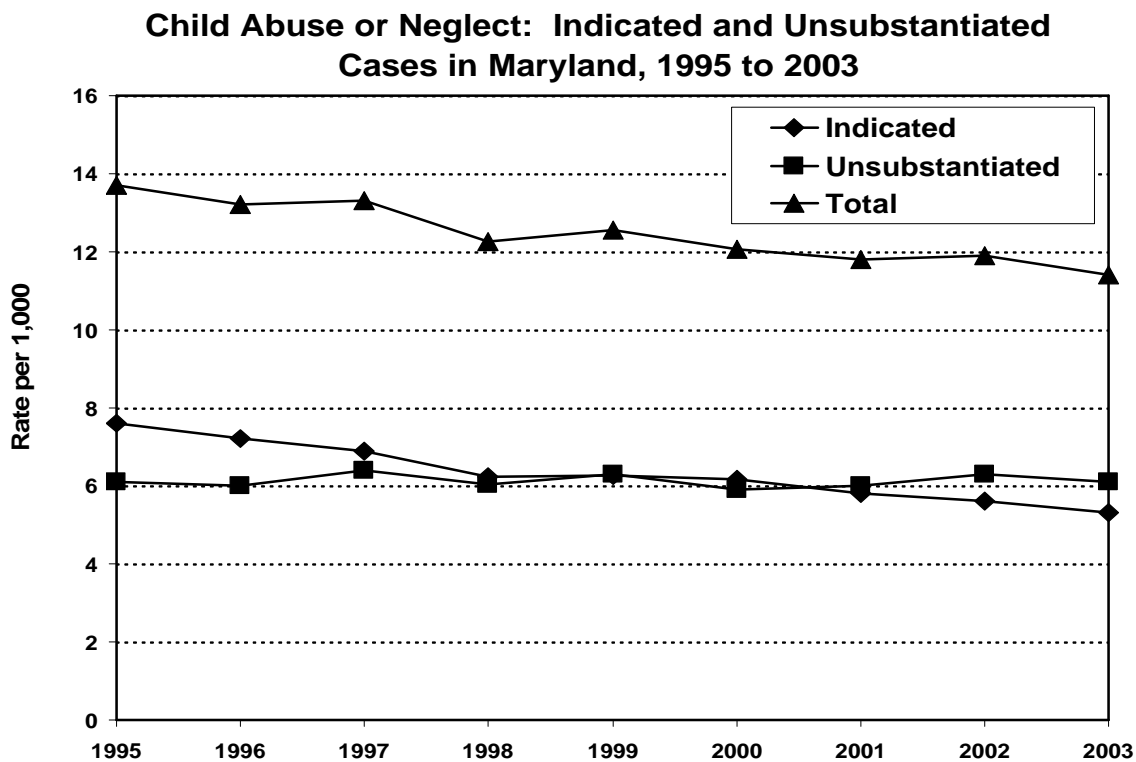
DEATHS DUE TO INJURY

Indicator

The rate of injury-related deaths to children.

Definition

The rate per 100,000 of injury-related deaths to children ages 0-19, in three broad injury categories: accidents (motor vehicle or other), homicide, or suicide.

Significance

The indicator is associated with social, economic, and environmental threats to a child's life. For every childhood death caused by injury, there are approximately 34 hospitalizations, 1,000 emergency department visits, many more visits to private physicians and school nurses, and an even larger number of injuries treated at home (CDC).

Baseline Data

CHILD DEATHS DUE TO INJURIES (reported by calendar year), ages 0-19
Deaths due to injuries per 100,000 children ages 0-19 years.

All races	1996	1997	1998	1999*	2000	2001
Accidents	12.3	11.0	10.8	12.1	9.7	11.7
Homicide	8.4	8.0	8.6	7.5	5.8	6.3
Suicide	1.8	1.6	1.8	2.1	2.3	2.0
African American	**1996**	**1997**	**1998**	**1999***	**2000**	**2001**
Accidents	17.6	15.5	13.2	11.4	11.4	11.6
Homicide	23.7	22.2	22.4	19.5	15.0	16.2
Suicide	0.9	1.1	1.3	2.1	2.5	1.6
White	**1996**	**1997**	**1998**	**1999***	**2000**	**2001**
Accidents	10.4	9.3	9.4	13.2	9.8	11.9
Homicide	1.4	1.0	1.9	1.5	1.6	1.2
Suicide	2.1	2.0	2.1	2.2	2.5	2.5
All other races	**1996**	**1997**	**1998**	**1999***	**2000**	**2001**
Accidents	3.2	3.1	13.5	2.8	3.5	6.1
Homicide	1.6	7.7	6.0	5.7	0.7	3.7
Suicide	3.2	0.0	0.0	0.0	0.7	0.0

In 1999 the event coding system shifted from version 9 to version 10 of the International Classification of Diseases (ICD). The injury events tracked for this indicator are highly comparable between the ICD 9 and 10 coding systems, therefore, the trends retain continuity throughout the years presented.

Data Sources

Data on child fatalities are provided by the Maryland Office of Vital Statistics and the Department of Health and Mental Hygiene. These data sets are used by the center for Preventive Health Services (CPHS) of the Department of Health and Mental Hygiene (DHMH) to produce standardized county profiles that include reports on child hospitalization and death.

It may be desirable to use multi-year averaging and trend lines as well as large age groups in small jurisdictions.

Related Measures

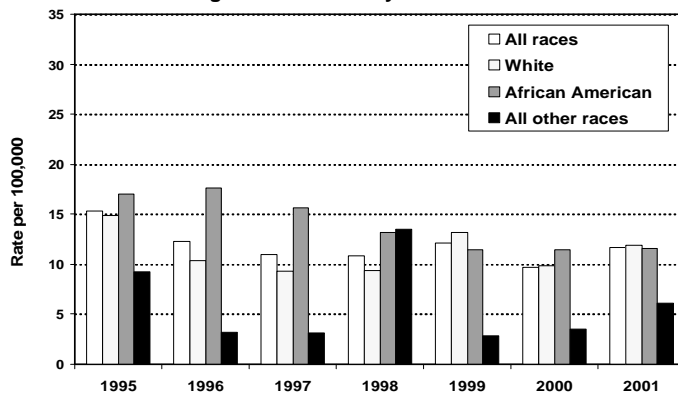Data on all child fatalities may be found in the "Healthy Children" section.

Discussion

Nationally, unintentional injuries are the leading cause of death in children 1 to 19 years of age. However, there is variation between the 1-14 and 15-19 age groups as to the type of unintentional injuries most often found. Injuries from motor vehicles are the primary cause of death among 1-14 year olds. For 15-19 year olds, injuries from motor vehicles and fire arms are the primary causes of deaths.
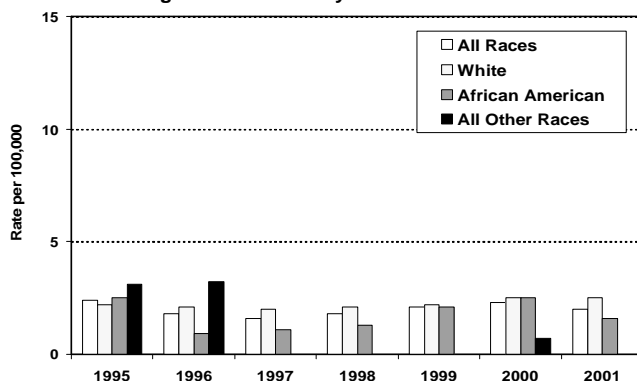
Safe Kids estimated that up to 90% of unintentional injuries are preventable. Injury prevention education such as bicycle helmets, car safety seats and smoke alarms are inexpensive interventions that save lives (Department of Health and Human Services).

In Maryland accidents are the leading cause of death for all races. For the race categories White and all other races, accidents are also the leading cause of death. However, for African American youth, homicide continues to be the leading cause of death caused by injuries. The African American rate has decreased from 23.7 per 100,000 children 0-19 years in 1996 to 16.2 per 100,000 in 2001. The rate of child death due to homicide for Maryland African American youth however, continues to be 13.5 times greater that for White youth and 4.4 times greater that for youth of all other races. Although the rate of death from suicide is low in Maryland, the rate for White youth is 1.5 times that of African American youth.
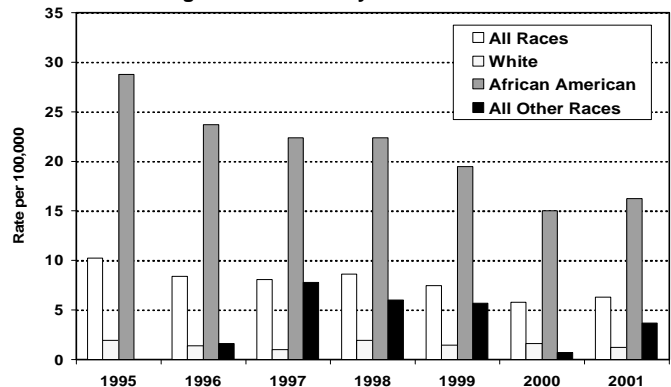
Child Death Rates Due to Accidents
Age 19 and Under by Race 1995 to 2001

Child Death Rates Due to Homicide
Age 19 and Under by Race 1995 to 2001

Child Death Rates Due to Suicide
Age 19 and Under by Race 1995 to 2001

JUVENILE VIOLENT OFFENSE ARRESTS

Indicator

The rate of arrests of youth ages 10-17 for violent offenses.

Definition

The rate per 100,000 of arrests of youth ages 10-17 for violent criminal offenses: murder, forcible rape, robbery, and aggravated assault.

Significance

Involvement in violent offenses increases the risk of injury or death. Risk factors for juvenile delinquency include a lack of educational and job training opportunities, poverty, family violence, and inadequate supervision. Poor school performance, including absence from school, and falling behind in one or more grade levels, increases the likelihood of involvement in delinquent activity.

Baseline Data

JUVENILE VIOLENT OFFENSE ARRESTS: non-negligent manslaughter, forcible rape, robbery, and felonious assault (reported by calendar year).

Rate of arrests per 100,000

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Age 10-14	346	350	353	333	373	355	308	300	307	305	284
Age 15-17	1,133	1,257	1,239	1,250	1,340	1,177	929	879	912	891	834
Age 10-17	624	668	666	661	722	655	535	510	524	515	482

Data Sources

Maryland State Police Uniform Crime Report (UCR), Violent Crime Arrests, 2001. Age groups: 9 years or younger, 10-12, 13-14, 15, 16, 17, all juveniles. Data are also broken out separately for 18 and 19 year-olds and are reported by age, type of crime, county, and municipality.

Considerations

The indicator measures the number of incidents and may include repeated arrests of the same individual for different offenses within a given year, whereas the denominator population is the individual count for ages 10-17. It is recommended that an overall offense rate be included, as some counties will have small numbers. Localities may also want to use five-year averages for greater reporting accuracy.

Related Measures

Department of Juvenile Services (DJS) intake for violent offenses data are also available.

Discussion

Ten year trend data (1992 to 2002) show that among 10-17 year olds the rate of violent offense arrests for 2002 (482 per 100,000) has declined by 22.8% from the 1992 level (624 per 100,000). There was also a 17.9% decrease in the violent offense arrests for 10-14 year olds (346 to 284 per 100,000) and a 26.4% decrease for the 15-17 year olds (1,133 to 834 per 100,000) between 1992 and 2002.

The complete picture for this period, however, is somewhat different. As displayed on the graph, there was an increase for both groups, peaking in 1996 followed by decrease. For the 15-17 year olds, both the increase and decrease were greater than for the 10-14 year olds. Additionally, rates of juvenile arrests for violent offenses continues to be substantially greater for older (15-17 year olds) as compared with younger (10-14 year olds) adolescents.

Juvenile Violent Offense Rates Ages 10-14 and 15-17 in Maryland 1992 to 2002
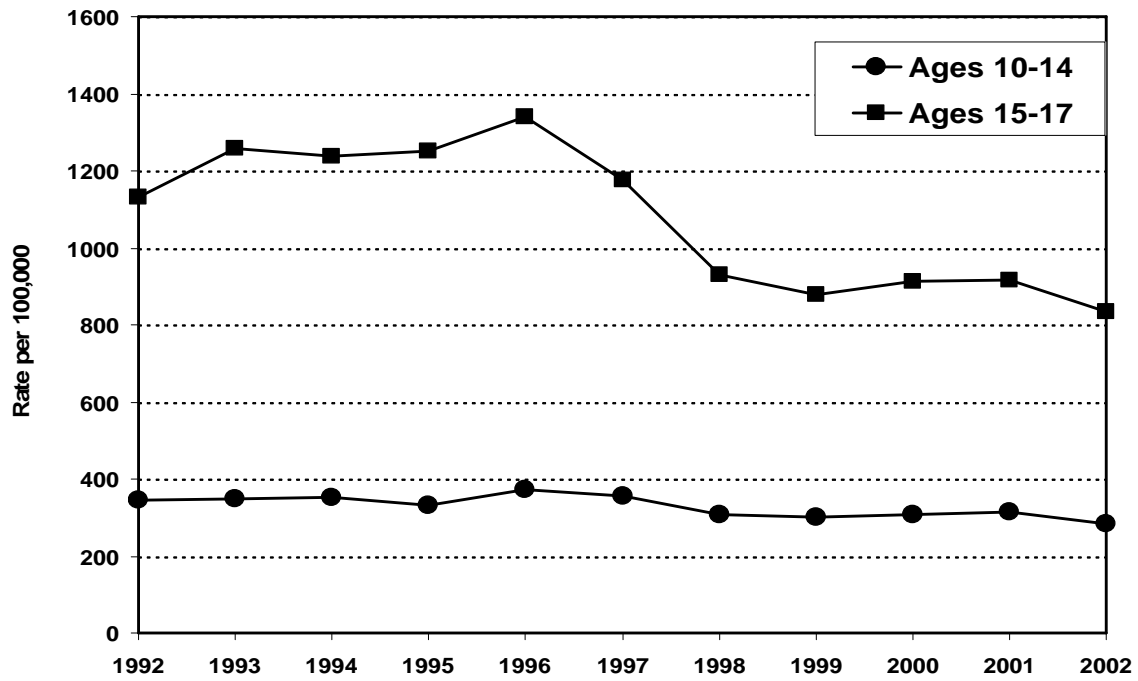
JUVENILE SERIOUS NON-VIOLENT OFFENSE ARRESTS

Indicator	The rate of arrests of youth ages 10-17 for serious non-violent offenses.
Definition	The rate per 100,000 of arrests of youth ages 10-17 for serious non-violent criminal offenses: breaking or entering, larceny, motor vehicle theft.
Significance	Risk factors for juvenile delinquency include a lack of educational and job training opportunities, poverty, family violence, and inadequate supervision. Poor school performance, including absence from school and falling behind one or more grade levels, increases the likelihood of involvement in delinquent activity.
Baseline Data	**JUVENILE SERIOUS NON-VIOLENT OFFENSE ARRESTS:** breaking and entering, larceny/theft, and motor vehicle theft (reported by calendar year).

Rate of arrests per 100

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Age 10-14	1,805	1,615	1,780	1,610	1,712	1,599	1,370	1,235	1,204	1,064	1,004
Age 15-17	5,048	4,620	5,113	4,665	4,743	4,317	3,899	3,373	3,404	3,190	3,079
Age 10-17	2,957	2,670	2,957	2,701	2,806	2,594	2,278	2,012	1,993	1,826	1,751

|	
Data Sources	Maryland State Police Uniform Crime Report (UCR), Part I offenses, 2000. Age groups: 9 years or younger, 10-12, 13-14, 15, 16-17, and all juveniles. Data are also broken out separately for 18 and 19 year-olds. Data reported by age, type of crime, county and municipality.
Considerations	The indicator measures the number of incidents and may include repeated arrests of the same individual for different offenses within a given year, whereas the population is the individual count for ages 10-17. There also may be high variability in law enforcement practices across jurisdictions. It is recommended that an overall offense rate be included, as some counties will have small numbers. Counties may also want to use five-year averages for greater reporting accuracy.
Discussion	Trend data from 1992 through 2002 indicate that the rate of serious non-violent juvenile (ages 10-17) arrests has declined from 2,957 to 1,751 per 100,000, a 40.8% decrease. After fluctuations from 1992 to 1996, there has been a steady decline in the rate to its current level. The rates for serious non-violent juvenile arrests for the subgroups ages 10-14 and 15-17 years old have followed the same pattern. The arrest rate for the 10-14 year olds decreased 44.4% and the rates for the 15-17 year olds decreased 39.0%.
	From 1992 through 2000, the rate for 15-17 year olds has consistently been between 2.6 and 2.9 times that of the rate for 10-14 year olds. In 2001 the ratio was 3.0 and in 2002 the ration was 3.1. This suggests that while rates for both age groups are decreasing, the rate for the younger group has decreased at a faster pace.

Juvenile Non-Violent Offense Rates Ages 10-14 and 15-17 in Maryland 1992 to 2002
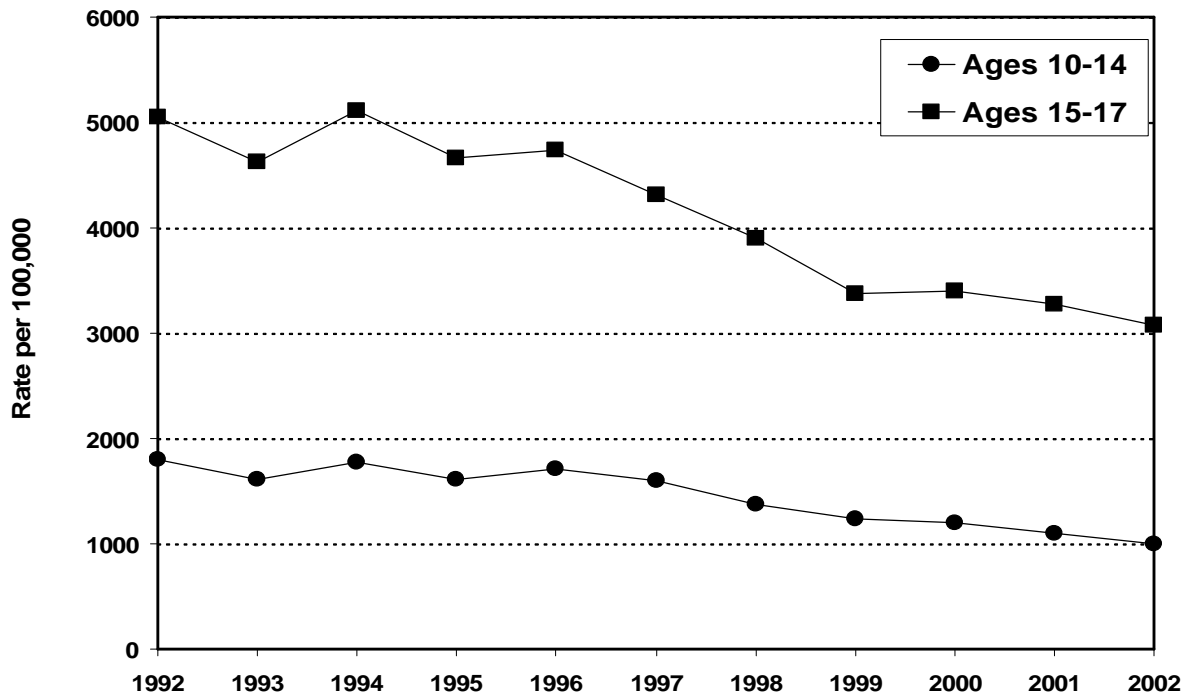
DOMESTIC VIOLENCE

Indicator

Rate of victims receiving domestic violence services through community-based programs funded by the Department of Human Resources (DHR).

Definition

Rate of victims (adults and minor children) receiving domestic violence services through community-based programs funded by the Department of Human Resources (DHR) per 100,000 households (estimated) in Maryland.

Significance

Domestic violence impacts a child's ability to be safe at home and in the community. Children who grow up in violent homes exhibit a higher incidence of social, emotional, and behavioral problems than other children. These children also are at greater risk than other children for delinquency and mistreatment of their own children.

Baseline Data

DOMESTIC VIOLENCE (reported by fiscal year)

Victims receiving Domestic Violence Services. Rate per 100,000.*								
1995	1996	1997	1998	1999	2000	2001	2002	2003
337	301	337	342	312	499	490	557	607

Rate based on estimated number of households in Maryland

Data Sources

Department of Human Resources (DHR), Community Services Administration (CSA), Office of Victim Services (OVS). The data are collected from statistical reports submitted to OVS by the community-based service providers. The providers sign and submit reports on a monthly basis.

Considerations

These data provide incomplete information regarding the actual incidence of domestic violence and provision of service in Maryland. For example, victims may report incidents to police but not seek services from community-based service providers funded by DHR. There may also be victims who seek services from more than one service provider and are, therefore, counted more than once in the data. Other programs/entities also serving domestic violence victims, but not funded by DHR, do exist in the community and do not report their data to DHR.
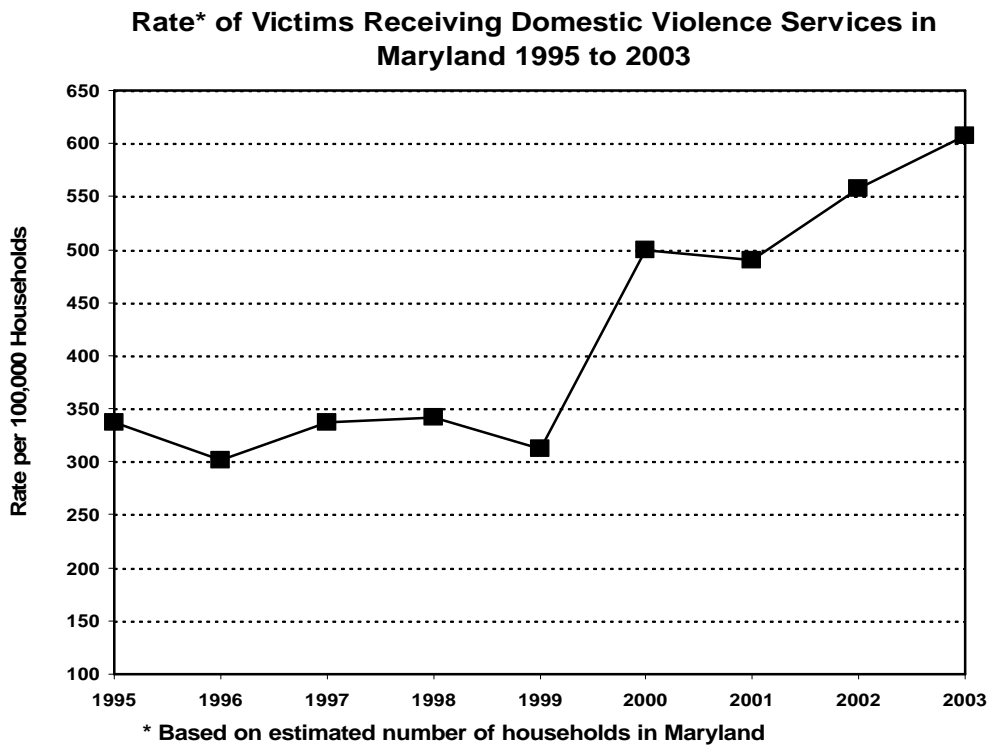
Discussion

The rate of victims receiving domestic violence services remained relatively stable from 1995 to 1999 with rates ranging from 301 per 100,000 in 1996 to 342 per 100,000 in 1998. From 2000 to 2003, the rate of victims receiving domestic violence services grew by 22%, from 499 per 100,000 in 2000 to 607 per 100,000 in 2003. The main reason for this growth is that DHR has increased the funding for community-based domestic violence programs during the last few years.

Domestic violence not only affects those who are being abused, but also impacts the children who witness the acts. Ninety percent of children from violent homes directly witness attacks even though parents think they are unaware of the violence. Seventy percent of men who abuse their female partners also abuse their children.
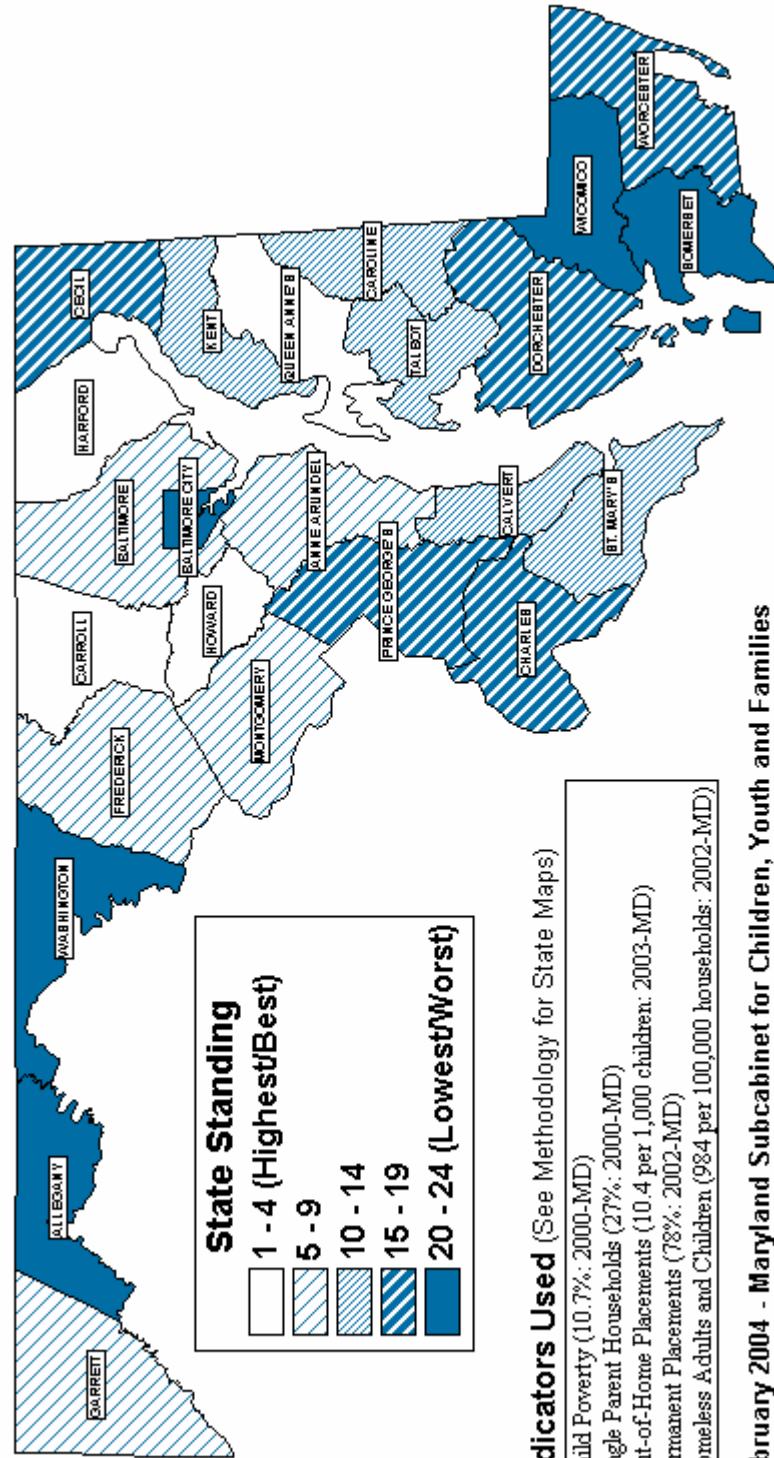
Child abuse is 15 times more likely to occur in families where domestic violence is present.

In the context of domestic violence, the younger the child, the greater the threat to healthy development. As the child grows older, years of witnessing domestic violence may take their toll in varying ways, depending on the age of the child. Younger children may blame themselves, believing that they are the cause of the violence. They may also exhibit behavior and emotional problems such as becoming withdrawn, experiencing eating and sleeping difficulty, and having concentration problems. Pre-adolescent children may develop a loss of interest in social activities and a low self-concept. Other common behavior includes temper tantrums, irritability, and frequent fighting at school and at home. Dropping out of school, delinquency, and substance abuse are common outcomes of an adolescent child who has witnessed domestic violence (Effects of Domestic Violence on Children and Adolescents: An Overview - www.aaets.org/arts/art8.htm).

Because domestic violence is a learned behavior, the ultimate risk for children who witness abuse is that they will grow up to be the next generation of batterers and battered victims.

Rate* of Victims Receiving Domestic Violence Services in Maryland 1995 to 2003

* Based on estimated number of households in Maryland

Result Area: Stable and Economically Independent Families in Maryland

State Standing

- 1 - 4 (Highest/Best)
- 5 - 9
- 10 - 14
- 15 - 19
- 20 - 24 (Lowest/Worst)

Indicators Used (See Methodology for State Maps)

Child Poverty (10.7%: 2000-MD)
Single Parent Households (27%: 2000-MD)
Out-of-Home Placements (10.4 per 1,000 children: 2003-MD)
Permanent Placements (78%: 2002-MD)
Homeless Adults and Children (984 per 100,000 households: 2002-MD)

February 2004 - Maryland Subcabinet for Children, Youth and Families

STABLE AND ECONOMICALLY INDEPENDENT FAMILIES

STABLE AND ECONOMICALLY INDEPENDENT FAMILIES INDICATORS:

CHILD POVERTY: The percent of children under 18 whose families have incomes below the poverty level.

SINGLE PARENT HOUSEHOLDS: The percent of all households that are headed by a single parent.

OUT-OF-HOME PLACEMENTS: The rate of children placed in out-of-home care.

PERMANENT PLACEMENTS: The percent of children who leave out-of-home care for a more permanent living arrangement.

HOMELESS ADULTS AND CHILDREN: The rate of homeless adults and children per 100,000 Maryland residents served by programs funded by the Department of Human Resources and other shelter providers.

CHILD POVERTY

Indicator

Percent of children under 18 whose families have incomes below the poverty level.

Definition

Percentage of people under 18 (SAIPE statistic) or related children under 18 (CPS statistic) whose families have incomes below the U.S. poverty threshold, as defined by the U.S. Office of Management and Budget. "Related children" include the householder's children by birth, marriage, or adoption under age 18 as well as other persons under 18, such as nieces or nephews, who are related to the family head.

Significance

Children who grow up in poverty are more likely to have unmet nutritional needs, live in substandard housing, be victims of crime and violence, lack basic health care, and have unequal access to educational opportunities.

Baseline Data

CHILD POVERTY (Reported by calendar year)

Current Population Survey (CPS) - Percent of related children under age 18 in poverty

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Single Year	12.3	18.5	12.2	16.8	15.8	16.3	13.4	6.9	6.5	6.6	7.0	7.3
3-year Average	13.2	15.0	14.3	15.8	14.9	16.3	15.2	12.2	8.9	6.7	6.7	7.0
National	21.1	21.6	22.0	21.2	20.2	19.8	19.2	18.3	16.3	15.6	15.8	16.3

Small Area Income and Poverty Estimates (SAIPE) - Percent of people under age 18 living in poverty

	1989	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Maryland	14.3	15.1	NA	13.2	14.1	14.9	12.6	10.1	10.7	NA	NA
National	19.6	22.7	NA	20.8	20.5	19.9	18.9	17.1	16.2	NA	NA

Data Sources

This report includes two estimates of child poverty: Current Population Survey (CPS) and Small Area Income and Poverty Estimates program (SAIPE). Both estimates are from the U.S. Census Bureau, but are produced using different methodologies and cannot be compared to one another. Child poverty rates at the State and county level are available once every ten years from the decennial census; estimates at the county level are available from SAIPE for 1989, 1993, 1995, and each year from 1997 to 2000.

Considerations

The official federal poverty level reflects an austere level of existence. Available research suggests that children whose families are "near poor" also suffer significant disadvantages, compared to children in families who are better off economically. Thus, some public programs also include those children in families who earn a certain percentage above the poverty line, such as 150 percent or 200 percent. Congress has directed the Census Bureau to re-evaluate how poverty rates are calculated.
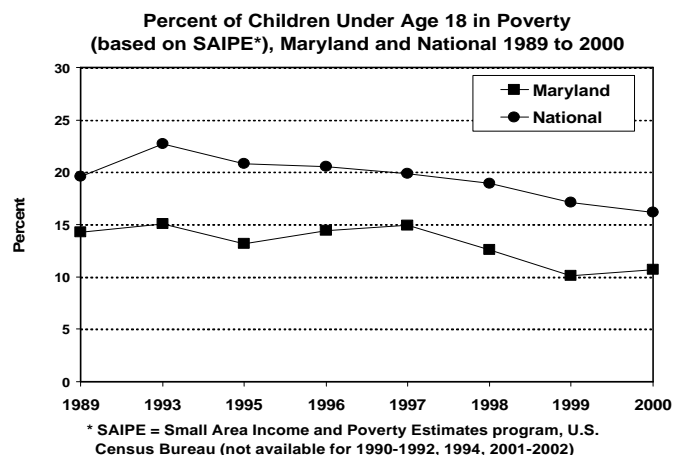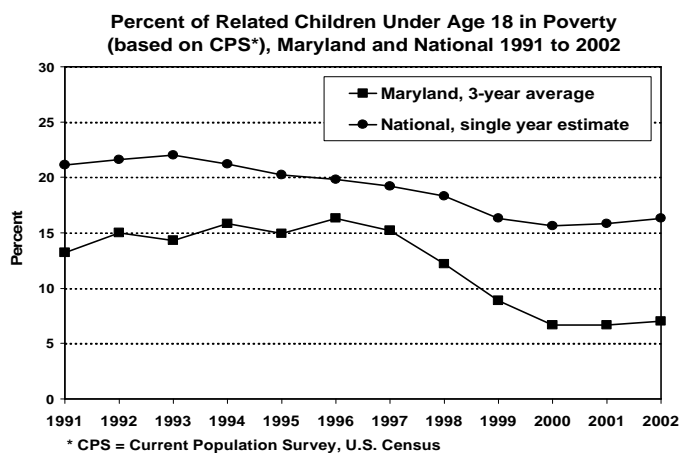
Related Measures

Additional measures of children in poverty include enrollment data in means-tested programs such as the School Lunch or Food Stamps Programs. Related measures include single parenthood, low educational attainment, and part-time or no employment.

Discussion

Although the economic downturn has moderated, there is a risk that the United States will again experience increases in child poverty similar to those that accompanied the recessions of the early 1980s and 1990s. Unemployment has increased in Maryland during the last few years. Since reaching a low of 3.5% in 1999, the unemployment rate has climbed to 3.9% in 2000, 4.1% in 2001, stood at 4.6% through October 2002, and was 4.2% through November 2003. On an annual basis, Maryland has been below the U.S. average in unemployment during the same time period (source: Maryland Department of Labor, Licensing and Regulation).

Even so, over the last four years, the single year Current Population Survey (CPS) estimate of child poverty rate for Maryland has been one of the lowest in the Union. It was the lowest in 2001 and second lowest in 2002. Caution must be used however, as the U.S. Bureau of the Census warns against the use of single year State level estimates for child poverty because of the survey sample size used. The SAIPE estimates on the other hand are considered reliable and valid as single year estimates—SAIPE also produces jurisdiction breakdowns whereas the CPS methodology does not. The 1999 SAIPE estimate for Maryland (10.1%) is the lowest ever.

**Percent of Related Children Under Age 18 in Poverty
(based on CPS*), Maryland and National 1991 to 2002**

* CPS = Current Population Survey, U.S. Census

**Percent of Children Under Age 18 in Poverty
(based on SAIPE*), Maryland and National 1989 to 2000**

* SAIPE = Small Area Income and Poverty Estimates program, U.S. Census Bureau (not available for 1990-1992, 1994, 2001-2002)

SINGLE PARENT HOUSEHOLDS

Indicator	The percent of all households that are headed by a single parent.

Definition	The percentage of all families with "own children" under age 18 living in the household, who are headed by a person (male or female) without a spouse present in the home. "Own children" are never-married children under 18 who are related to the householder by birth, marriage, or adoption.

Significance	The number of parents living with a child is linked to the amount and quality of human and economic resources available to that child. Generally, single parenting implies that there is no immediate adult back-up to reinforce disciplinary lessons or family teachings, to provide an additional role model, or simply to share the load of care. Children who live in a household with one parent are substantially more likely to have family incomes below the poverty level than are children who grow up in a household with two parents.

Baseline Data

PERCENT OF ALL HOUSEHOLDS HEADED BY A SINGLE PARENT
(reported by calendar year).

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Maryland	28%	28%	27%	27%	26%	26%	27%	27%	28%	27%	NA
National	25%	25%	26%	26%	26%	27%	28%	27%	28%	24%	NA
Mother only	21%	22%	22%	22%	22%	22%	23%	22%	23%	18%	NA
Father only	4%	3%	4%	4%	4%	5%	5%	5%	5%	6%	NA

Data Sources

1990-1999 Maryland data: three year averages based on special tabulations of Current Population Survey data prepared by the Bureau of Labor Statistics and published in the 2000 Kids Count Data Book: State Profiles of Child Well-being (The Annie E. Casey Foundation).

1990-1999 National data: Annual percentages from the US Bureau of the Census FM-2: All parent/child situations, by type, race, and Hispanic origin of householder or reference person: 1970 to present.

2000 Maryland and National Data: From 2000 Census, US Bureau of the Census.

Considerations

Jurisdictional breakdowns are not available.

Related Measures

Current Population Survey (CPS) data from the U.S. Bureau of the Census provide national figures annually for family structure and the percentage of children under age 18 by presence of parents in household. Two parent, mother only, father only, and no parent (e.g., children live with relatives or are placed in out-of-home care) breakdowns are available. State and jurisdiction breakdowns are not available.

Perhaps the most controversial indicator that Maryland has chosen, single parenting, cuts across many social and economic issues facing the nation and Maryland, including concerns about rising divorce rates, increasing numbers of unwed births, child poverty, and juvenile delinquency. The significance of this indicator is that the number of parents living with a child is generally linked to the amount and quality of human and economic resources available to that child.

Children of single parents are at greater risk to be in poverty. Nearly six of 10 children who live in single parent households with their mothers were near or below the poverty line. Regardless of race and social class, the youth of single parents are also at greater risk to become delinquents. Children of divorced and never-married parents are at greater risk to repeat a grade in school and to be expelled/suspended, drop out of school, and/or become teen parents. Drug involvement is greater among adolescents of divorced parents.

While being raised by a single parent does not mean that children and youth will face such problems, the fact remains that increasing numbers of children are growing up in single parent households. Nearly 150,000 Maryland families are headed by a single parent. Maryland has focused on different aspects of the single parenthood challenge. Teen births usually result in single parent families and the State is engaged in a number of strategies to reduce teen pregnancy. Welfare reform efforts are underway in Maryland which some may argue will address the problems of welfare dependency and illegitimacy. Also, Maryland's Department of Human Resources has focused efforts on supporting single parents and promoting responsible fatherhood. More remains to be done in a climate of charged political tension over the best courses of action for public policy.

**Percent of all Households that are Headed by a Single Parent
Maryland and National 1990 to 2000**
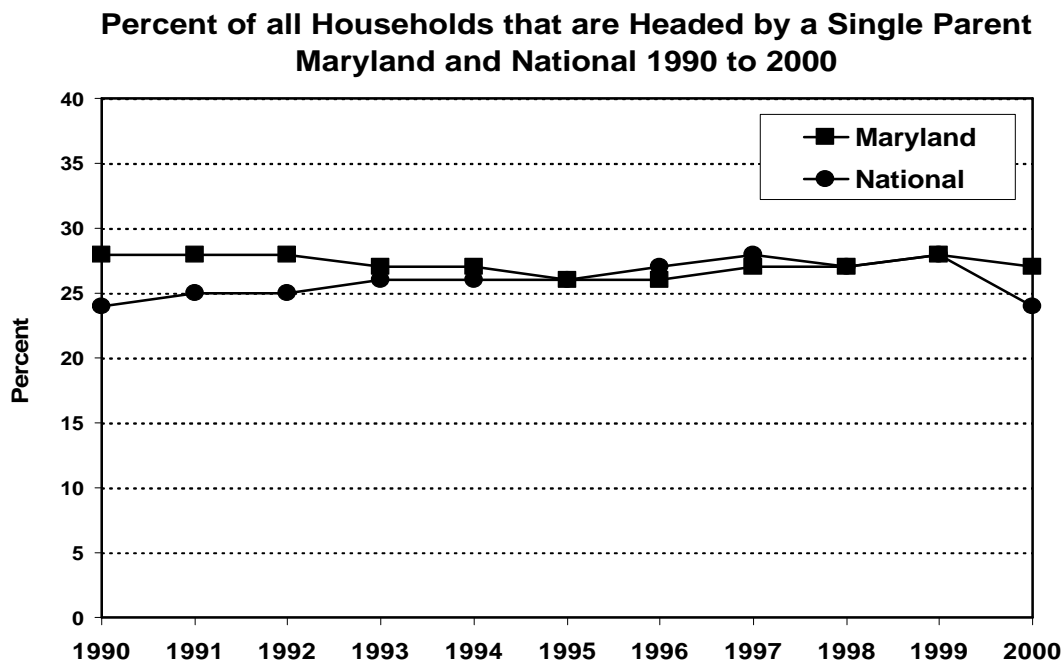
OUT-OF-HOME PLACEMENTS

Indicator

Rate of children placed in out-of-home care.

Definition

Rate per 1,000 children placed in foster care, juvenile justice, mental health, substance abuse treatment, and education out-of-home placements.

Significance

Children need safe and stable homes in order to thrive. Family instability, abuse/neglect, extreme poverty, crime, violence, homelessness, substance abuse, and serious illness/disability may pose substantial risks to children and may contribute to the need for children to be placed in alternative care.

Baseline Data

RATE OF ENTRY INTO OUT-OF-HOME PLACEMENTS - Per 1,000 children under age 18 (reported by State fiscal year).

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Maryland	9.7	10.4	10.8	9.9	10.9	11.5	12.1	11.2	11.2	10.4	10.5	10.4

COSTS OF OUT-OF-HOME PLACEMENT (MILLIONS OF DOLLARS - Actual Costs)

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Maryland	$336.0	$338.2	$350.3	$369.0	$374.1	$392.4	$412.5	$459.6	$497.3	$515.8	$552.7	$566.7

Data Sources

The Report on Out-of-Home Placements (December 2003) tracks out-of-home placements by the Department of Human Resources (DHR), Department of Health and Mental Hygiene (DHMH) Mental Hygiene Administration (MHA), DHMH Alcohol and Drug Abuse Administration (ADAA), DHMH Developmental Disabilities Administration (DDA), Maryland State Department of Education (MSDE), and the Department of Juvenile Services (DJS). Data are not unduplicated and are also available by both agency and jurisdiction.

Considerations

These data are the combined total of out-of-home placements (across agencies rather than for separate agencies). Jurisdictions with small numbers may want to use multi-year averaging.

Related Measures

DHR/SSA tracks placements in Foster Care Family Care, Foster Care Purchase of Care, Kinship Care, Pre-Adoption Services, and Treatment Foster Care. Additionally, the decennial Census measures the number of children who live away from their families in group quarters. These data include the child welfare, corrections, and mental health systems. Data from both sources are available by jurisdiction.

Discussion

Over the last decade the number of children served in out-of-home placements statewide has been rising steadily at an average annual increase of 1.7%. The number served, however, has declined for a second year in a row, by 2.9%, from FY01 to FY03. In FY03, 28,001 children were served in placements, compared with 28,840 served in FY01. Only the following placement types experienced increases

in number served from FY02 to FY03: DDA Community Residential placements (35.1%), MSDE Nonpublic placements (14.5%), and DJS Detention placements (10.6%).

Costs of out-of-home placement continue to increase. The FY03 cost of $576.2 million is a 4.3% increase over FY02 ($552.7 million), slightly lower than the annual average increase of 5.5% since FY93. Cost increases are primarily attributed to increases in Medical Assistance payments for children in out-of-home care; an increase in the proportion of foster group care placements for DHR; and increases in MHA and DDA placements.

Rate of Children Age 18 and Under Placed in Out-of-Home Care* in Maryland Fiscal Years 1991 to 2003
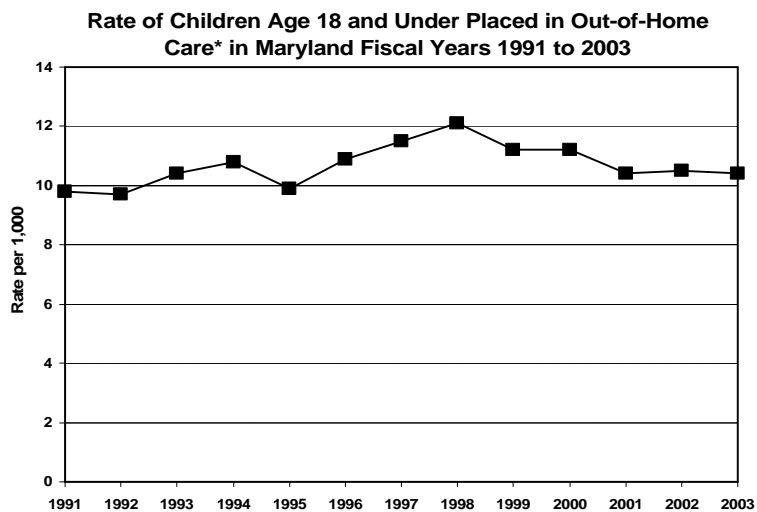
* This information includes data from DJJ, DHR, DHMH (MHA, DDA, ADAA), and MSDE. DDA data for 1991 are not available. DHR FY 1993-2003 includes Kinship Care.

Costs of Out-of-Home Placement in Maryland
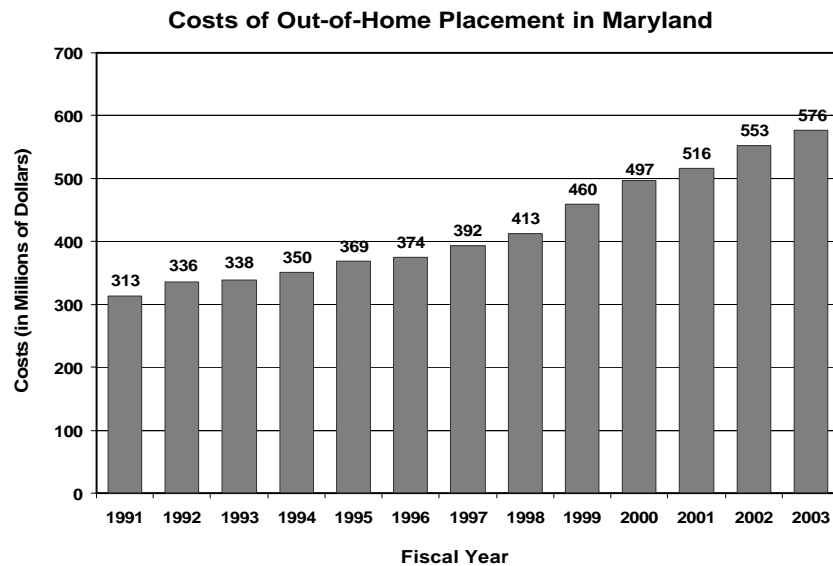
PERMANENT PLACEMENTS

| **Indicator** | The percent of children who leave out-of-home care for a more permanent living arrangement. |

| **Definition** | Permanent care status as defined by (1) adoption/adoptive placement, (2) returned home (with legal responsibility returned to the parents), or (3) custody or guardianship (where relatives or others have custody or guardianship in place of the State). Permanent foster care is when the court has sanctioned by name a kin or non-kin foster parent. Legal responsibility usually is returned to parents 3-6 months after a child returns to the home. |

| **Significance** | Children need stable care-giving. Research has shown that temporary foster care placements, often involving a number of different caregivers and settings, can be detrimental to children's healthy development. |

| **Baseline Data** | **PERMANENT PLACEMENTS** - Percent of children who leave out-of-home care for a more permanent status (reported by state fiscal year). |

	1996	1997	1998	1999	2000	2001	2002	2003
Maryland	66%	67%	68%	76%	79%	79%	78%	75%

| **Data Sources** | The Social Services Administration (SSA) Foster Care and Adoption Child Tracking System (FACTS) is used to track data on permanent placement status. |

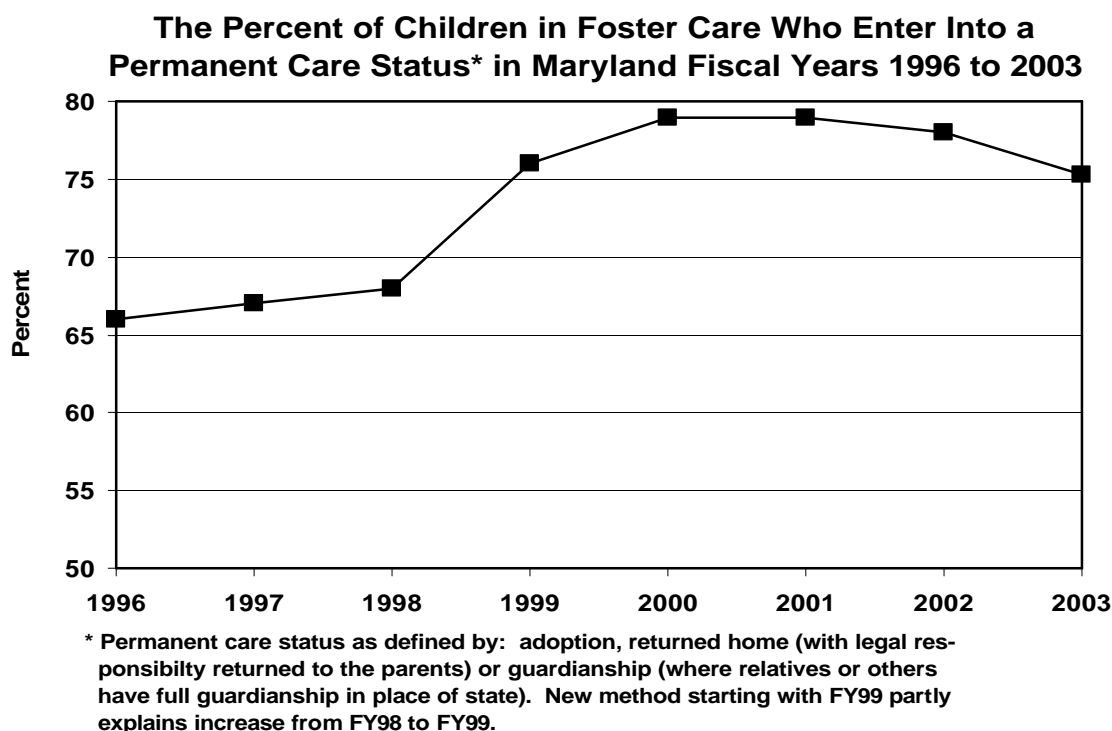| **Considerations** | Changes in policy and agency capacity can affect these data. An emphasis on keeping families together may be reflected in a lower rate of children entering foster care. Jurisdictions with small numbers may want to use multi-year averaging. |

| **Related Measures** | DHR/SSA tracks the number of youth placements in Foster Care Family Care, Foster Care Purchase of Care, Kinship Care, Pre-Adoption Services, and Treatment Foster Care. Also, the Governor's Office for Children, Youth and Families (GOCYF) tracks youth in out-of-home care placed by DHR/SSA, DHMH/MHA, DHMH/ADAA, DHMH/DDA, MSDE/LEA, and DJS. The Decennial Census counts the number of children who live away from their families in group quarters. These data include the children in the welfare system, correctional institutions, and mental health facilities. Census data are available by county, city, and census tract. |

| **Discussion** | The number of children who achieve permanent placements via adoption, reunification with parents, or through stable guardianship foster care placements has increased steadily during the past few years from 66% in 1996 to 78% in 2002. Finalized adoptions increased by 12% in FY 2002 from 852 in FY 2001 to 952 in FY 2002, the last year for which final data are available. This was accomplished through intensive efforts by local departments of social services and new initiatives by the State. |

Government agencies, private entities, public/private partnership and religious organizations have documented numerous advantages of having children grow up in families who provide love, nurturing, security, stability and safety. There are many programs in Maryland to establish and maintain permanency for children. These programs begin when the child enters care and extend to the child's placement in a permanent home. Previous discussions address the multitude of programs to enhance the child's continued placement with their biological families. They include such programs as Family Preservation, Intensive Family Services, and Services to Families with Children.

When the plan for reunification is no longer an option, placement with kin is explored with much zeal. Many of the children entering out-of-home placement do find permanent placements with relatives. This has been enhanced by offering the Title IV-E Subsidized Guardianship which allows local departments to offer some families a subsidy if they accept guardianship for the relative children placed in their care.

The Percent of Children in Foster Care Who Enter Into a Permanent Care Status* in Maryland Fiscal Years 1996 to 2003

* **Permanent care status as defined by: adoption, returned home (with legal responsibilty returned to the parents) or guardianship (where relatives or others have full guardianship in place of state). New method starting with FY99 partly explains increase from FY98 to FY99.**

HOMELESS ADULTS AND CHILDREN

Indicator

Rate of homeless adults and children per 100,000 Maryland residents served by programs funded by the Department of Human Resources and other shelter providers.

Definition

Rate per 100,000 Maryland residents of homeless adults and children served by all shelter programs in Maryland.

Significance

Families cannot achieve economic self-sufficiency without stable housing conditions.

Baseline Data

RATE OF HOMELESS ADULTS AND CHILDREN SERVED - rate of adults and children receiving homeless services, per 100,000 Maryland residents.

Fiscal Year	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Maryland	1,023	1,033	916	1,025	829	834	809	937	980	856	984

Data Sources

DHR/CSA Office of Transitional Services collects data from shelter programs in Maryland via the Annual Survey on Homelessness Services.

Considerations

The number of people served is an unduplicated count of people served within, but not necessarily across, shelters. Also, those homeless individuals or families who do not go to shelters are not counted.

Related Measures

Data are also reported that distinguish between percentage of persons served as a member of a family (35%) and those served as a single individual (65%).
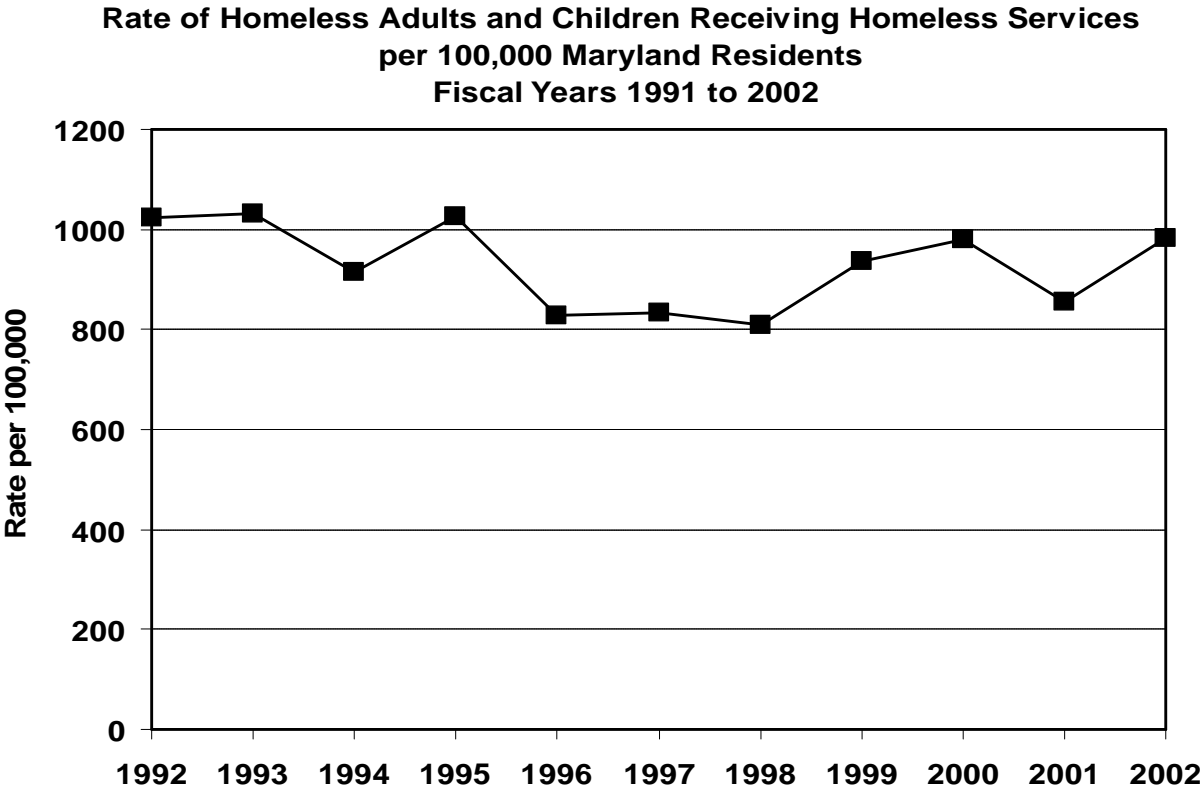
Discussion

The rate of homeless adults and children receiving homeless services continues to vary between the 1993 high of 1,033 per 100,000 and the 1998 low of 809 per 100,000. Although there was a 12.7% decrease from 2000 to 2001, there was a 15.0% increase from 2001 to 2002. This may be due to a decrease in the number of shelter beds available or a significant increase in the length of stay for individuals entering shelters. Consequently, there are not as many beds to serve those seeking shelter. Additionally, many families do not seek shelter but are living with family or friends in "doubled-up" conditions due to lack of housing.

Homeless children fare poorly. Homeless mothers are at a far greater risk of delivering a low birth weight baby. The chances of infant death are greatly elevated among homeless children. Not only do homeless children have a greater risk for developing health problems, but homelessness can also increase a child's risk of having developmental, mental, and academic problems at all ages (Family Housing Fund-Homelessness and its Effects on Children).

The effort to track the number of homeless citizens during any period of time is at best imprecise. Accurate counting is hampered by several factors, including duplicate counts, inaccurate record keeping, the lack of a consensus on a uniform methodology to count people served, and the inability to determine the number of people who remain out of available facilities by choice.

In the current difficult economic period, it is important to note that this indicator does not address the number of people at risk for losing their housing because of rising housing costs and decreased income. Over one-fourth of all Marylanders who rent spend more than 35% of their income on housing. Many low-income households spend 50% or more. These are households that move in and out of homelessness without any real stability.

Rate of Homeless Adults and Children Receiving Homeless Services per 100,000 Maryland Residents Fiscal Years 1991 to 2002

COMMUNITIES THAT SUPPORT FAMILY LIFE

The recommended approach in this result area is to compile information on the available services and supports that are known to be of value in promoting the health and development of children and the stability and self-sufficiency of families. In many cases, this information is only available at the local level; where there is a state-level source it is noted in the list below. This list is intended as a suggested base on which local jurisdictions can build in measuring how well they are supporting children and families in their communities.

- Prenatal Care: percent of live births for which prenatal care was initiated in the first trimester (DHMH, Vital Statistics collects data in this area)

- Health Care: number of licensed health care professionals per 1,000 population, especially pediatricians, gynecologists/obstetricians, and family practice/general practice physicians (DHMH collects data in this area)

- Child Care: number of slots of licensed centers and regulated family child care homes compared to the number of families with children in which the mother works (Maryland Committee for Children, Inc. collects data in this area)

- Preschool Programs, Public and Private

- Recreational Facilities and Enrichment Programs for Families, Young Children, School-Age Children, Adolescents

- Adult Education and Training Programs

- Parent Education and Support Programs

APPENDIX

HISTORY OF

RESULTS AND

INDICATORS

In 1996, the Governor's Task Force on Children, Youth and Families Systems Reform was created in response to a growing desire by local jurisdictions to ensure a strong local role in setting policy that affects children and families. Additionally, the Task Force considered the differing and individual needs of Maryland's many varied jurisdictions as they recommended policies and procedures for the systems reform initiative. The need for a results-based system was a strong theme throughout the work of the Task Force and was reflected in the public hearings held by the Task Force throughout the State.

The Task Force's Program Subcommittee originally proposed nine results. Each result area and its proposed indicators underwent intensive review and discussion by the Subcommittee and in 1997 by the Program Subcommittee's successor, the Results Workgroup. Both groups had representation from the State and local levels, public and private members, including county public health officials, county social service employees, local school system staff, local management board members, advocates and State agency staff.

In the fall of 1998, the Outreach Workgroup was formed to gather further public opinion about the proposed nine results. Following this review, one result (Healthy Adults) was dropped due to insufficient data demonstrating its direct connection to and impact on child and family well-being. In January 1999, the remaining eight results were adopted, forming the basis of Maryland's Results for Child Well-Being.

The chosen results capture the quality of life for children and families in Maryland. Progress toward each result will be determined through selected indicators which specifically measure segments of each result area. By monitoring the indicators, State and local jurisdictions will be able to evaluate the effectiveness of service delivery to children and families. In order to uniformly assess the usefulness of suggested indicators, the Task Force developed the following criteria to select Maryland's twenty-five indicators.

- The indicator is directly related to the well-being of children, families or communities in each specific result.
- The indicator is well measured. In other words, it applies to all or most of the relevant population and is collected in ways that support data reliability and validity.
- Data on the indicator are readily available from public sources.
- Data on the indicator are available at the State and local level.

Across the nation, three to five indicators are usually accepted as a manageable number of measures per result area. The number of indicators is crucial; other states have shown unsuccessful shifts to results-based accountability, in part, by selecting too many indicators. As other indicators are considered in the future, the task of monitoring and analyzing them will continue with public input. It is the intent of the Subcabinet for Children, Youth and Families that the core set of indicators will be modified as necessary. By adopting the results and indicators featured in this book, Maryland is able to move forward with the national trend of utilizing results-based accountability for programs and services.

Maryland's effort is part of a national movement toward result-based services and accountability for outcomes. Using Maryland's Results and Indicators, The Subcabinet for Children, Youth and Families, in cooperation with local jurisdictions, strives to meet the needs of Maryland's children, families, and communities. Through the collaborative approach, each jurisdiction identifies and focuses on results and indicators that are priorities in their community. The information in this publication assists in tracking and evaluating the well-being of children across the State and in each local area.

GLOSSARY AND SOURCE LIST

Many organizations or State agencies are mentioned throughout this publication. At times, they become abbreviated by their initials or referred to as an acronym. The following list are all acronyms, abbreviations, or shortened names used within this book:

ADAA - Alcohol and Drug Abuse Administration
AMF/CIS - Automated Master File/Client Information System
AP - Advanced Placement
ASPE - Assistant Secretary for Planning and Evaluation
CFRC - Child Fatality Review Commission
CHIP - Maryland Children's Health Insurance Program
CPHS - Center for Preventative Health Services
CPS - Child Protective Services
CPS - Current Population Survey
CSA - Community Services Administration
CWLA - Child Welfare League of America
DDA - Developmental Disabilities Administration
DHMH - Department of Health and Mental Hygiene
DHR - Department of Human Resources
DJS - Department of Juvenile Services
ED - Emotional Disturbances
GOCYF - Governor's Office for Children, Youth and Families
HSCRC - Health Services Cost Review Commission
ICAPPPs - Interagency Committees on Adolescent Pregnancy Prevention and Parenting
IEP - Individualized Education Program
LBW - Low Birth Weight
LEA - Local Education Agency
LMB - Local Management Board
MARS - Modified Age, Race and Sex
MAS - Maryland Adolescent Survey
MSDE - Maryland State Department of Education
MSPAP - Maryland School Performance Assessment Program
NA - Not Available
NCLB - No Child Left Behind Act
NIS - National Immunization Survey
OIDP - Office of Injury and Disability Prevention
OTS - Office of Transitional Services
SAT - Scholastic Aptitude Test
SSA - Social Services Administration
SSIS - Special Services Information System
STD - Sexually Transmitted Disease
UCR - Maryland State Police Uniform Crime Report

Information for this book was collected through various sources including the following organizations. For more detailed or additional information please access their Internet websites. The website addresses are as follows:

Federal Interagency Forum on Child and Family Statistics
    http://www.childstats.gov
The United States Census Bureau,
    http://www.census.gov
US Department of Health and Human Service, Assistant Secretary for Planning and Evaluation (ASPE)
    http://www.aspe.hhs.gov
Department of Health and Mental Hygiene (DHMH)
    http://www.dhmh.state.md.us
DHMH Community and Public Health
    http://www.mdpublichealth.org
DHMH Alcohol and Drug Abuse Administration
    http://www.dhmh.state.md.us/adaa/
Department of Human Resources (DHR)
    http://www.dhr.state.md.us
DHR, Social Services Administration, Child Protective Services
    http://www.dhr.state.md.us/cps/
DHR, Social Services Administration, Child Protective Service Statistics
    http://www.dhr.state.md.us/cps/statdata.htm
DHR, Maryland Child Support Enforcement Program
    http://www.dhr.state.md.us/csea/index.htm
DHR, Community Services Administration
    http://www.dhr.state.md.us/csa/
DHR, Office of Transitional Services
    http://www.dhr.state.md.us/trans-serv.htm
Department of Juvenile Services (DJS)
    http://www.djs.state.md.us
Governor's Office for Children, Youth and Families (GOCYF)
    http://www.ocyf.state.md.us
Maryland State Department of Education (MSDE)
    http://www.msde.state.md.us
MSDE, Maryland Report Card
    http://www.msp.msde.state.md.us
Annie E. Casey Foundation's Kids Count
    http://www.aecf.org/kidscount